



**COVID-19 RECOVERY
FRAMEWORK FOR
AFRICA**

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Preface



The COVID-19 crisis has revealed how susceptible modern societies are to systemic risks and that a 'domino effect' across infrastructural, social, environmental, political, and economic systems in each society can alter or completely disrupt their original configuration. The pandemic and other crises in Africa have further exacerbated vulnerability, particularly for women, children, people living with disabilities, displaced populations and refugees and the poor, among other vulnerable groups, requiring a holistic approach to recovery to ensure no one is left behind. Planning for

and implementing risk-informed and resilient recovery interventions from COVID-19 impacts will be critical for the achievement of the Sustainable Development Goals and African Aspirations as defined in Agenda 2063.

Taking cognisance of this need, the African Union Heads of States and Governments expressed strong commitment to the COVID-19 response and recovery through their Thirty-Four Ordinary Session (Decision - Assembly/AU/Dec.797(XXXIV) held in February 2021 in Addis Ababa, Ethiopia and the later in the Summit on Financing African Economies held on 18 May 2021 in Paris. The Assembly of the Union made a strong call for closer engagement of sectors and stakeholders for harmonised and coordinated efforts to COVID-19 response and recovery in the continent. This was further reiterated by the Peace and Security Council in their 1043rd meeting held on 29 October 2021 in Addis Ababa, Ethiopia. Furthermore, the Specialised Technical Committee on Agriculture, Rural Development, Water and Environment from 9-10 November 2020, had encouraged Member States, the African Union Commission (AUC) and Regional Economic Communities (RECs) to mobilise financial, technical and human resources to address the recovery efforts.

In this regard, the AUC, in collaboration with the United Nations Development Programme (UNDP) and other stakeholders, developed a COVID-19 Recovery Framework for Africa. The aim is to provide guidance and solutions for resilient recovery based on existing knowledge/tools/guidelines, good practises, and recent experiences in COVID-19 recovery. The goal of the Framework is to guide resilient socio-economic recovery efforts at the continental, regional and national levels from a multi-risk perspective, creating preconditions for building resilient societies in the African continent. The Framework has been developed in collaboration with the (RECs). It has also benefited from inputs received via a web survey with Member States, focus group discussions with stakeholders, inputs from the Africa Regional Platform for Disaster Risk Reduction, and other consultative mechanisms.

We look forward to putting this Framework into practice at the continental, regional and country levels to facilitate rapid and resilient recovery from the pandemic and other crises concurrently impacting the continent. The AU calls upon development partners, RECs and Member States to join hands in the implementation of this transformational agenda for the continent.

Sincerely,

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Abbreviations

AfCFTA	Africa Continental Free Trade Area
AfDB	African Development Bank
Aids	Acquired Immuno-Deficiency Syndrome
ASEAN	Association of Southeast Asian Nations
AU	African Union
AUC	African Union Commission
AUDA	African Union Development Agency
AWGDRR	Africa Working Group on DRR
BCEAO	Central Bank of West African States
CAR	Central African Republic
CCA	Climate change adaptation
CDC	(Africa) Centre for Disease Control
COMESA	Common Market for Eastern and Southern Africa
COVID -19	CoronaVirus Disease 2019
CRNA	COVID-19 Recovery Needs Assessment
DARBE Devel	Dept. of Agriculture, Rural Development, Blue Economy & Sustainable opment
DEA	South African Department of Environmental Affairs
DMMU	Disaster Management and Mitigation Unit (Zambia)
DRC	Democratic Republic of Congo
DRR	Disaster Risk Reduction
DSSI	Debt Service Suspension Initiative
EAC	East African Community
ECOWAS	Economic Community of West African States
e-SISTAFE	Electronic State Financial Administration System (Mozambique)
EWS	Early Warning Systems
FAO	Food and Agriculture Organisation
FDI	Foreign Direct Investment
FTE	Full-time Equivalent
GBV	Gender-based Violence
GDP	Gross Domestic Product
GHG	Green House Gases
HIV	Human Immunodeficiency Virus

ICT	Information and communications technology
IDWGDRR	Inter-Departmental Working Group on DRR
IDPs	Internally Displaced People
IFIs	International Financial Institutions
IGAD	Intergovernmental Authority on Development
IHME	Institute for Health Metrics and Evaluation
IMF	International Monetary Fund
INFF	Integrated National Financing Framework
INGC	Mozambique National Institute for Disaster Management
IT	Information technology
KOSAP	Kenya Off Grid Solar Access Project
LIDC	Low Income Developing Countries
LDCs	Least Developed Countries
M&E	Monitoring and Evaluation
MDTF	Multi-donor Trust Fund
MER	Market Exchange Rate
MHEWS	Multi-Hazard Early Warning Systems
MIS	Management information Systems
MSMEs	Micro Small and Medium Enterprises
NDMAs	National Disaster Management Agencies
NEET	Not in Employment Education Training
NEPAD	New Partnership for Africa's development
NFFS	National Forest Financing Strategies
NSPS	National Social Protection Policy (Strategy)
NTFPs	Non-timber Forest Products
ODA	Official Development Assistance
PFM	Public Financing Management Systems
PLHIV	People Living With HIV
PoA	AUC Programme of Action for the Implementation of the Sendai Framework
PPE	Personal Protective Equipment
PPP	Public-Private Partnership
PPP	Purchasing Power Parity
PROFISHBLUE	Programme for Improving Fisheries Governance and Blue Economy Trade Corridors

REC	Regional Economic Community
RID	Risk-Informed Development
RMS	Results Monitoring System
SACU	Southern Africa Customs Union
SADC	Southern African Development Community
SDFP	Sustainable Development Finance Policy
SDGs	Sustainable Development Goals
SFDRR	Sendai Framework for Disaster Risk Reduction
SIDS	Small Island Developing States
STEM	Science, technology, engineering, and mathematics
SSA	Sub-Saharan Africa
TB	Tuberculosis
TFTA	Tripartite Free Trade Agreement
TVET	Technical and Vocational Education and Training
UNCT	United Nations Country Team
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNDRR	United Nations Office for Disaster Risk Reduction
UNECA	United Nations Economic Commission for Africa
UNWTO	United Nations World Trade Organisation
WARF-P	West Africa Regional Fisheries Programme
WB	World Bank
WEF	World Economic Forum
WHO	World Health Organisation
WMO	World Meteorological Organisation

Executive Summary

Background

Overview. The COVID-19 story in Africa is quite nuanced and still unfolding. Africa, fortunately, survived a total catastrophe and collapse of health services as had been anticipated during the earlier days of the pandemic. However, as African countries and the rest of the world closed their borders and enforced lockdown and social distancing measures, millions of Africans lost their livelihoods in the informal sector, millions of children were out of school- some of whom may never go back (particularly girls due to early marriage and teen pregnancies), and agricultural production and food supply chains were disrupted resulting in food insecurity and economies shrunk. The pandemic has exemplified the systemic nature of risks today and raised questions about the robustness of Africa's risk governance systems for disaster prevention and risk-informed development.

As the pandemic entered a second year, the economic downturn became more evident across the continent with African Gross Domestic Product (GDP) declining by 2.1% in 2020. However, real GDP grew by 3.4% in 2021 but the pandemic further pushed 30 million Africans into extreme poverty and about 22 million jobs were lost in the same year. Stringent COVID-19 restrictions and subsequent economic impacts led to civil strife in some African countries. The continuous mutation of the virus means that, while Africa has been spared from severe health impacts so far, the continent could still be at its mercy. Africa is struggling to expand the vaccine rollout, with only 15 percent of the population fully vaccinated (as of March 2022). The vaccination rate needs to increase six times if the continent is to meet the 70 percent target set for the middle of 2022.

The COVID-19 reverberations being felt today are expected to leave long-lasting scars. And for the millions of girls who dropped out of school across the continent, the impacts of the pandemic may have already sealed their future. The consequences of the pandemic, combined with poverty, limited fiscal space, high indebtedness, climate change, conflicts, and other constraints, are likely to undermine the continent's ability to achieve the aspirations of the Agenda 2063 and sustainable development goals (SDGs). It could even roll back the hard-won socio-economic gains that Africa had made prior to COVID-19.

The pandemic is putting to the test the social, economic and political resilience of the continent. While the continent remains the most vulnerable and continues to be dogged by many socio-economic, political and environmental constraints, the capacities and resilience of African societies cannot be understated. Even in a stretched fiscal space, many African countries, to name a few, Algeria and Ethiopia, put in place social protection systems to mitigate the suffering of the continent's most disadvantaged. The pandemic has also accelerated the provision and adoption of digital services, which became critical during lockdowns, and the benefits of which are expected to continue beyond the pandemic.

As we move forward amidst uncertainty, African leaders face the triple challenge of (1) understanding the socio-economic impact of a moving target, (2) recovering from COVID-19 whilst addressing the vulnerabilities, and (3) doing so with shrinking resources. The daunting task also presents an opportunity for Africa to build back better its economies and societies. Lockdowns and curbs in medical tourism may offer incentives for many African governments to undertake health sector reforms, which could offer incentives in health sector reforms. Investments in clean energy, digital technology, agriculture productivity, and gender equality could support resilient recovery, create employment, reduce gender inequality, and accelerate the overall achievement of some of the SDGs and the aspirations of the Agenda 2063.

The COVID-19 crisis has revealed how susceptible African societies are to systemic risks and that a 'domino effect' across infrastructural, social, environmental, political, and economic systems in each society can alter or completely disrupt their original configuration. In the same vein, remedial strategies for the pandemic's devastating impact in Africa must be multidimensional and focus on multiple risks societies are facing and build the capacity for society to prepare for disruptions, cope with and recover from them if they occur, and adapt to new conditions. This requires a recovery framework that does not focus on policies in isolation (such as health or economic policies alone) but as an integrated whole.

Given the unpredictability of the virus, and uncertainties around how Africa will respond and adapt to the evolving pandemic, the African Union Commission has taken the initiative to develop a Recovery Framework to guide its Member States, international partners, and other stakeholders to plan, prioritise and implement resilient recovery. It acknowledges the great diversities within the continent and the need to have a thorough understanding of Africa's diverse contexts while being cognisant that COVID-19 remains a common challenge.

KEY MESSAGE NO. 1: While COVID-19 is an unprecedented challenge to the countries and regions of Africa, it is also an opportunity to improve the management of risks and return to a path of sustainable social and economic growth.

Situational Assessment

In developing the Recovery Framework, a Situational Assessment looked at the various dimensions of effects and impacts that COVID-19 has had in African countries. The full document is available [here](#) and includes: goals, objectives and methodology of the Assessment; health consequences; macroeconomic impacts; human impacts; economic outcomes and initial responses; and cross-cutting effects covering social protection, governance and the rule of law, gender, disaster risk reduction, migration, environmental and psychosocial impacts. Regional and other data are provided in a separate volume of annexes which can be found [here](#). The Situational Assessment provided the basis for Recovery Framework's proposed strategies and recommendations.

Overall COVID-19 impacts in Africa. While many countries across the globe have experienced several waves of the outbreak; Africa has not experienced as much devastation as other continents in terms of mortality and cases¹. For example, West Africa, with a population of 367 million people, had confirmed 412,178 cases of COVID-19 with 5,363 deaths as of mid-March 2021; in contrast, the USA had recorded almost 30 million cases and 530,000 deaths at the same point in time, despite having a slightly smaller population (328 million). However, the continent has suffered disproportionate socio-economic impacts with far-reaching consequences for many years ahead. The dependence of many African economies on natural resources and the prevalence of high poverty rates, accompanied by low coping capacities, has resulted in COVID-19 having a devastating effect across important social-economic sectors and is likely to severely undermine the continent's ability to achieve the aspirations of the Agenda 2063 and the SDGs. The sections below provide more details on some of the key impacts of COVID-19 on Africa.

¹Taking into account limitations and challenges with data collection and management across many African states and high likelihood of under reporting of COVID-19 cases.

KEY MESSAGE NO. 2: The health, macroeconomic, human, economic, and cross-cutting impacts of the pandemic have increased poverty, diminished economic development and undermined efforts to achieve the Agenda 2063 and SDGs.

Health Effects and Impacts: The African population has largely been spared from the ravages of COVID-19, however, the combination of the low vaccination rates, which stand at 15% as of March 2022 and the unpredictable nature of the virus could still turn the tide on infection rates and mortality. The critical knock-effect of the pandemic has been the disruptions to essential health service delivery such as HIV/Aids, tuberculosis and malaria prevention and treatment services and essential maternal and child health services including immunisation. This is due to resources being diverted to COVID-19 prevention measures and fear of contracting the disease from health facilities. For example, COVID-19 left 62.1 million children without access to immunisation services in Africa and at risk of contracting deadly and preventable diseases such as diphtheria, tetanus, pertussis, measles, polio, and malaria.

Macroeconomic Impacts: In Africa, COVID-19 has proved to be a devastating economic disaster rather than a health one. The overall Africa GDP declined by 2.1 percent in 2020 from the previous year, while inflation increased to 10.4 percent annually in the same year. Exports fell by 18 percent and import by 23 percent in 2020. Furthermore, remittances declined by 12.5 percent in 2020 but exceeded Official Development Assistance (ODA) and Foreign Direct Investment (FDI). The consequences of these declines resulted in one third of the African working age individuals stopped working, particularly women and youth. In 2021, however, real GDP grew by 3.4% but the pandemic further pushed 30 million Africans into extreme poverty and about 22 million jobs were lost in the same year.

Human Impact: The overall analysis indicates that almost all human impacts indicators (poverty, food security, malnutrition, education, social inclusion, including gender equality) regressed because of COVID-19. The pandemic may even call for a relook at the human development approach which assumes that human development is a linear process. In 2020, an estimated 23 million African slipped into extreme poverty as a result of the crisis associated with COVID-19, reaching a total of 467 million in the region, up from 439 million in 2019. By the end of 2021, the numbers may increase to 29 million, bringing the total to 478 million (Daniel, Gerszon, Mahler et al., 2021).

In relation to Africa's **SDGs and Agenda 2063**, the continent was already facing significant challenges in achieving these agendas in 2019. Given the immense consequences of the crisis, the hurdles will be much greater moving forward. It is estimated that, without a solid SDG Push, SDG-1 (No Poverty) and SDG-2 (Zero Hunger) will not be met in Africa. Other SDGs will also require significant attention, namely SDG-3 (Health), SDG-4 (Education), SDG-5 (Gender Equality), and SDG-8 (Decent Work). At the same time there have been some unexpected positive outcomes from the crisis, such as with SDG-7 on affordable and clean energy, SDG-12 on responsible consumption, and SDG-15 on life on land due to reduced pressure on the environment. Similarly, significant attention is also required to push the achievement of Agenda 2063 Aspirations 1 (A prosperous Africa based on inclusive growth and sustainable development), 4 (A peaceful and secure Africa), and 6 (An Africa, whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children).

Economic Outcomes: Pandemic-induced disruption in global value chains exerted a downward pressure on Africa's growth rate, pushing the region into its first recession in 25 years. The ratio of total export to total import is declining for Africa: in 2018 it was 0.81, in 2019 it declined to 0.77 and in 2020, during COVID-19 times, drastically reduced to 0.70. COVID-19 has had a severe impact on all critical sectors that contribute to economic growth in Africa, including, agriculture, mining, tourism, and other non-essential industries, with the exception of telecommunication. In the important agriculture sector, there were negative impacts on food processing, agricultural and food sector employment, marketing of agricultural and food products, food prices, agricultural income, and imported agricultural commodities. Furthermore, informal economy workers (about 85 percent of total employment in Africa and over represented by women) are hardest hit by the pandemic e.g. waste recyclers, street vendors, migrant workers, transport workers, construction workers, domestic workers, and small shopkeepers. As a result, total employment in Africa is estimated to have declined from 456.8 million to 452.8 million between 2019 and 2020.

Impact on Cross-cutting Issues: COVID-19 has not spared any area be it social, environmental, governance, economic, etc. **Social protection** schemes and systems expanded and deepened in response to COVID-19 in almost all countries. Cash transfers were the most common instrument with 36 countries (67 percent) setting up new COVID-related programmes, and 18 (33 percent) expanding existing programmes vertically (more benefits) and/or horizontally (more beneficiaries). The pandemic response generally had negative impacts on **governance** and the rule of law. Some countries experienced militarisation of the COVID-19 response with police and armed forces enforcing lockdown policies and, in some instances, resulted in human rights violations. The crisis exacerbated already existing **gender** inequalities, revealing significant gender differentiated impact on women's economic participation and employment, as well as increased unpaid care work. Exposure to gender-based violence (GBV), physical and mental health risks, and education are also evident from recent data. The Sub-Saharan Africa (SSA) gender gap fell from 66.6 percent in 2020 to 66.1 percent in 2021, reflecting reversal of gains made to date towards gender equality. At this rate, it will take nearly 122 years to close the gap.

The pandemic put pressure on already weak **disaster risk reduction** (DRR) systems, diverted resources away from other crises and contributed to cascading disasters. Existing coordination mechanisms, financial commitments and legal frameworks for DRR by many countries were side-lined and new mechanisms developed. COVID-19 reduced **out-migration** due to closure of national and international borders and it further negatively impacted **remittance flows**. COVID-19 had both positive and negative **environmental** impacts through improved air quality and clean water, and poor waste management and biodiversity loss respectively. The pandemic also harmed **psychosocial** wellbeing of the African population, the impacts of which might still take years to understand.

Regional impacts. Where possible, the Situational Assessment also considered the regional impacts of the pandemic. Key findings by region include:

- **Central Africa** - COVID-19 particularly contributed to or affected refugees in Central Africa. The region responded with its own set of initial recovery measures. Social protection responses in this region were dominated by food aid and utility subsidies.

- **East Africa** -Impacts of COVID-19 interfaced with multiple disasters including the worst desert locust invasion in 70 years, floods, and escalating conflict. COVID-19 also resulted in economic decline around the tourism and cut-flower/horticulture industries especially in Kenya, Rwanda, Uganda, and Tanzania. Social protection responses included new or expanded cash transfer schemes and measures to protect food security, always a concern in the Horn of Africa.
- **North Africa** -This region was characterised by mixed economic outcomes and positive growth in remittances. A full range of initial recovery measures were implemented in half of the countries in the region, with cash transfers being the most common social protection instrument. Morocco introduced Africa's largest COVID-19 cash transfer programme, reaching 79 percent of the population.
- **Southern Africa** - COVID-19 took the highest toll in terms of cases and deaths in this region, which was also hardest hit economically- most of the cases and economic downturn can be attributed to South Africa. Governments pursued a broad range of recovery measures, with cash transfers, already well developed in most of these countries, and wage support schemes being the main social protection vehicles.
- **West Africa** - COVID-19 impacts were particularly pronounced concerning remittances, internal displacement, and migration. Initial recovery measures varied, but cash transfers were preferred in all but one country. Digitalisation of social protection payments was accelerated in many West African countries, supported by the Central Bank of West African States.

Impact Based on Country Typology. These include: **commodity exporters** (agriculture exporters- Gambia, Malawi, Ivory Coast, Ethiopia among others; mineral/ore and metal exporters - Liberia, Niger, Democratic Republic of Congo (DRC), Botswana, Burundi, among others; fuel exporters – Cameroon, Libya, Equatorial Guinea, Gabon, Nigeria, among others) suffered revenue losses in 2020 as well as high inflation; **tourism-dependent countries with Africa** (Algeria, Egypt, South Africa, Kenya, Tanzania, Botswana, Morocco, Ghana) experiencing a 74-percent fall in international tourist arrivals in 2020; fragile and **conflict-affected states** where COVID-19 contributed to disruption of trade and food insecurity (Sahel and the Horn of Africa) with almost no initial recovery measures; **countries facing food insecurity**, especially the Central African Republic, Ethiopia, Nigeria, South Sudan, Sudan, and Zimbabwe; and **countries facing multiple risks** which had to cope with the pandemic as well as concurrent and cascading calamities especially in the Horn of Africa.

KEY MESSAGE NO. 3: The impact of COVID-19 has varied across population groups, regions and other groupings of countries; these differences need to be taken into account when developing country-level and regional recovery strategies.

Initial recovery efforts. In response to the pandemic, AU Member States introduced a slew of measures to kick start social and economic recovery. Initial efforts were focused on strengthening health sector capacities to respond to the crisis by scaling up health systems with procurement of critical supplies and equipment. Nearly all 55 Member States of the AU allocated resources towards improvement of health systems. This was followed up with policy and programmatic measures to support the most vulnerable with cash transfers and food assistance to help low-income households cope with the emergency. More than 30 countries² scaled up cash transfers and 17 countries³ provided food assistance and additionally some countries⁴ subsidised or deferred power and water payments. Government provided credit support to MSMEs, informal enterprises, lowered taxes, deferred loan payments, and targeted support to hard-hit sectors (agriculture, tourism, transport, and mining) in order to sustain their economies. South Africa and Mauritius were a few of the African governments

that mobilised the private and banking sector, including the establishment of Solidarity Fund to assist the most vulnerable in South Africa.

The response of individual governments varied depending on country-specific circumstances, including the impact of the pandemic and other shocks. Based on data summarised by the International Monetary Fund (IMF⁵) for key fiscal measures governments announced for the pandemic by September 2021, nine AU Member States invested somewhere between 5-7 percent of their GDP on pandemic recovery and only two member states -Mauritius and Rwanda - invested 9.2 and 10.1 percent of their GDP in social and economic recovery measures respectively. Most of the countries (34) invested between 1-4 percent of GDP and six countries allocated between 0-1 percent of GDP to address the pandemic.

These discretionary monetary measures were supplemented with other broader policy measures which included restrictions on exporting scarce goods, VAT exemptions on essential goods, lower import duties, price controls, and expanding internet connectivity while scaling up digital payment modalities which facilitated economic activity and service delivery.

Recovery strategies

Recovery measures are designed to achieve the following strategic objectives:

- 1) Protect health and economic welfare by accelerating vaccination programs and supporting reforms in the health sector;
- 2) Tackle macroeconomic challenges that have been exacerbated by the pandemic by sustaining monetary and fiscal responses, resolving liquidity and debt issues and expanding international financing for development in Africa;
- 3) Safeguard human development by protecting against poverty, preventing food insecurity and hunger, reversing deprivations in health and education, leaving no one behind, and adopting an SDG Push approach to ensure the achievement of the SDGs by 2030 and Agenda 2063;
- 4) Stimulate economic recovery by facilitating trade and commerce, addressing youth unemployment, expediting digitalisation of the economy; and
- 5) Address cross-cutting issues to ensure inclusive resilient recovery, including social protection, gender, disaster risk reduction, and greening the recovery.

Continental and regional priorities are summarised in Table 2, with full details available in Chapter 3, including economic recovery measures for country groupings are presented. The proposed recommendations are also made according to three possible scenarios (low, median, and high cases).

²Algeria, Benin, Cabo Verde, Cameroon, CAR, Chad, Cote d'Ivoire, Egypt, Equatorial Guinea, Eswatini, Ethiopia, Gabon, The Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Morocco, Mozambique, Nigeria, Rwanda, São Tomé and Príncipe, Sierra Leone, South Africa, Sudan, Togo, Tunisia, Uganda, Zimbabwe

³Burkina Faso, Cabo Verde, Chad, Djibouti, Egypt, Eswatini, Ethiopia, The Gambia, Lesotho, Madagascar, Mali, Niger, Rwanda, Senegal, South Africa, Togo, Zimbabwe

⁴Benin, Botswana, Burkina Faso, Chad, Equatorial Guinea, Eswatini, Gabon, Guinea, Mali, Niger, Senegal, Seychelles, Togo

⁵Fiscal Policies Database (imf.org)

TABLE 2: Continental and regional recommendations by strategic objective and time frame

Strategic Objective	Short-term	Medium to Long-term
Protect health	<ul style="list-style-type: none"> - Accelerate vaccination program - Expansion of essential health services - Address supply issues and distribution inequities - Improve access to TB, HIV-AIDS & immunisation services 	<ul style="list-style-type: none"> - Improve access to health services - Strengthen health info systems - Invest in workforce to expand service delivery - Build health care infrastructure - Promote local production of drugs, vaccines, equipment - Promote and develop technology, and digital health infrastructure
Tackle macroeconomic challenges	<ul style="list-style-type: none"> - Sustain monetary and fiscal responses for recovery - Maintain and expand cash transfers 	<ul style="list-style-type: none"> - Address liquidity and debt sustainability issues using international debt initiatives
Safeguard human development	<ul style="list-style-type: none"> - Protect against poverty through expand social protection measures - Prevent food insecurity through food assistance and inputs for increased local food production - Education through launch of school re-opening schemes - SDGs/Agenda 2063: prioritise Six SDG Transformations and push for achievement of Aspirations 1, 4 and 6 	<ul style="list-style-type: none"> - Protect against poverty: design policy and strategy to prevent increase in extreme poverty - Prevent food insecurity: invest in resilient livelihoods and food self-sufficiency - Education: expand digital literacy and TVET opportunities - SDGs: adopt the SDG Push program - Investment in the seven Aspirations of the Agenda 2063.
Stimulate economic recovery (medium and long-term)	<ul style="list-style-type: none"> - Establish an Africa funding facility - Facilitate trade and commerce - Address youth unemployment - Support recovery & livelihoods through eco-restoration - Support MSME growth programs - Expedite digitalisation of the economy - Harness the Blue Economy potential - Promote horticulture value chains - Address power deficits in underserved areas and communities 	

Address cross-cutting issues	<p>Social protection: expand coverage, increase benefits and enhance shock-responsiveness</p> <p>Governance: Application of e-government in service delivery remains critical</p> <p>Gender: engage women in recovery processes and address GBV</p> <p>DRR: strengthen Multi-Hazard Early Warning Systems and capacities for disaster risk reduction</p> <p>Greening: increases in climate finance and support for renewable energy</p>	<p>Social protection: strengthen national social protection systems</p> <p>Governance: strengthen national and local core governance functions for crisis management and service delivery</p> <p>Gender: invest in women’s economic empowerment and extend socio-economic benefits to rural women</p> <p>DRR: policies, programs and financing for risk-informed development and technological innovation</p> <p>Greening: pursue nature-based solutions, resilient agriculture and urban resilience</p>
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Worst-case scenario. This scenario assumes a global increase in COVID-19 fatalities in Africa by nearly one million over the baseline (median) scenario, GDP losses in 2021 of eight percent and a GDP reduction of about 13 percent in lower-income countries by 2030. The outcome of the worst-case scenario is an additional 207 million people pushed into poverty worldwide by 2030, an additional 37 million people likely to be malnourished and a two percent decline in children completing secondary school by 2030. The elements of a recovery strategy to cope with this dire situation could include a rapidly accelerated vaccination program, strengthening multi-disaster risk governance and institutional reforms, increased monetary and fiscal responses, expansion of social safety nets, international relief for debt sustainability, and international assistance for an SDG push. A more extensive set of policy and programmatic recommendations in the short, medium and longer-term can be found in Chapter 3.

Median-case scenario. This is the baseline scenario which uses mortality projections from the Institute for Health Metrics and Evaluation and the IMF’s assumption that 80 percent of GDP growth losses in 2020-21 are temporary while 20 percent are loss of productivity gains that normally would have been attained in those years. The predicted outcomes of this scenario are that GDP loss in 2030 will be about four percent, an additional 44 million people will still live in poverty in 2030 because of the pandemic, nearly eight million more people will be malnourished by 2030 than if there were no COVID-19, and the upper secondary graduation rate will be one percent lower than expected by 2030. A recovery strategy in this scenario would include implementation of a full range of health reforms, maintenance of vaccination and social protection programs, investment in a return to quality education and an SDG push and implementing policies to leave no one behind (a matrix of options is provided in Chapter 3).

Best-case scenario. The best-case scenario assumes that countries undertake focused and accelerated efforts to achieve the SDGs and Agenda 2063 by investing in governance, social protection, the green economy, and digital disruption and innovation. The projected outcomes of this scenario are a reduction of people living in extreme poverty by 146 million in 2030 relative to current COVID-19 trends, lifting 144 million people out of malnutrition by 2030 and an increase in the secondary school completion rate from 66 to 70 percent in 2030. The elements of a recovery strategy for the best-case scenario could include scaling down

monetary and fiscal responses, greening the recovery, investing in an agri-food resilience program and a return to quality education, promoting regional integration and collaboration, and support for digitalisation, industrialisation and diversification (see Chapter 3 for the full set of recommendations).

KEY MESSAGE NO. 4: Policies and programs for recovery can be different in the short and medium to longer-term and need to be tailored to respond to whether African countries find themselves in a worst, median or best-case scenario.

Institutional arrangements

How institutions are set up to respond, recover and rebuild from COVID-19 will play a critical role in whether recovery and reconstruction will proceed smoothly or fail. Institutions with responsibilities in the recovery need to be identified or established (where there are gaps) for streamlining or fast-tracking recovery processes. They need to be properly resourced so that there is the capacity for managing and implementing what could be a difficult and long recovery effort. This involves clarifying roles and responsibilities across agencies as well as partners of government. Clarity about what each institution will be doing is needed to reduce duplication (and associated costs) and integrate activities across the recovery. Confirming institutional arrangements and clarifying roles/responsibilities is critical at both the national, local and community levels. Program implementation must be managed with clear mechanisms to coordinate across the private and public sectors, communities, and markets. Chapter 4 describes good practises and key results associated with the development of institutional arrangements for overseeing, managing, and coordinating recovery at the continental, regional and country levels.

Financial mechanisms

In post-pandemic recovery, there are five major financing challenges that policymakers face:

1. Quickly quantify the economic costs of the pandemic;
2. Develop recovery budgets;
3. Identify the sources of financing as well as financing gaps;
4. Coordinate and allocate financial resources;
5. Set up the mechanisms to manage and track funds.

Good financial practice for recovery shares the common characteristics of rapid disbursement, coordination of resources, and flexible sources of funding. It is also important that governments prepare before the next health crisis or other disaster strikes, as these financial practises can be complex to set up. They need to be carefully designed. It is necessary to have a rapid disbursement system adapted to post-disaster recovery needs that has been tested before a disaster to avoid the risks of corruption and fraud that can be linked to rapid disbursement. Nearly US\$80 billion has been pledged by International Financial Institutions (IFIs) for pandemic recovery in Africa. Chapter 5 provides more details and good practises to enable the financing arrangements needed to support COVID-19 social and economic recovery.

Implementation considerations

Recovery policies and programs need to be implemented quickly and effectively so that they visibly improve the lives of affected populations. Chapter 6 outlines how this can be done, with examples of good practice, through:

- Setting up monitoring and evaluation systems to track implementation progress and fund
- Establishing feedback and complaint-handling mechanisms;
- Creating implementation procedures and standards;
- Supporting local implementation;
- Developing procurement systems that are adapted to recovery needs;
- Putting a communications strategy in place; and
- Promoting transparency for accountability.

KEY MESSAGE NO. 5: Recovery strategies need to be part of a larger framework that includes institutional arrangements for managing the recovery, financing mechanisms to fund the recovery and implementation considerations to accelerate the recovery process.

Next steps

The Recovery Framework provides guidance for countries and regions in Africa to prepare or revise their own approaches to COVID-19 recovery. To do so, the following steps can be taken:

1. Disseminate the Recovery Framework widely at the country and regional levels as a resource and guide for planning;
2. Establish COVID-19 Recovery Framework Programme Implementation Steering Committee
3. Conduct COVID-19 Recovery Needs Assessments (CRNAs) to identify country or region-specific pandemic impacts and the corresponding needs for socio-economic recovery;
4. Build on the results of the CRNAs to initiate participatory planning processes to develop country or region-specific recovery frameworks;
5. Ensure that institutional arrangements, financing mechanisms and approaches for accelerated implementation are in place; and
6. Initiate implementation of the frameworks.

The African Union and its partners stand ready to assist individual countries and RECs with technical assistance for development of CRNAs and/or recovery frameworks. Similar support can be provided to assist identify sources of external financing for framework implementation.

I. Introduction

This introductory chapter provides background information, assesses why COVID-19 is an unprecedented challenge for Africa and explains the utility of a recovery framework to respond to the challenge. It then sets out the goal, objectives, methodology, and use of a recovery framework in this context.

Background

Before the pandemic, Africa had experienced unprecedented social and economic growth with potential to improve the health, lives, security and well-being of millions across the continent. The last two decades have seen encouraging sustained GDP growth with 27 countries graduating to middle- and high-income status between 2000 and 2018. Between 2019 and 2023, six of the 15 fastest growing economies were to have been from Africa⁶. Rising household incomes and the dynamic young population are adding to the growing and vibrant African middle class. The entry into force of the Africa Continental Free Trade Area (AfCFTA) will position the continent as a major production hub and a global trading bloc. It is expected to boost intra-African trade by as much as 25 percent by 2040 and trigger an estimated \$6.7 trillion in consumer and business spending (UNCTAD 2019). In addition, Africa's population is expected to double by 2050. Its working population, which is expected to increase by 20 million each year until 2030, could provide the necessary human capital for growth in underdeveloped sectors such as agriculture, manufacturing and service (Suzuki, 2019). However, for Africa to reap its full potential, it must address holistically the range of shocks that impact on the continent concurrently and have persistently reversed development goals in many countries. The unprecedented impact of COVID-19 has been a game changer in management of risks and is an urgent wake-up call for strengthening capacities in risk management across the continent.

Why COVID-19 is an unprecedented disaster and challenge for Africa

COVID-19 has presented Africa and the world with unprecedented challenges in terms of preparing for, responding to and recovering from the pandemic. Among these challenges are: a) the need for real-time and disaggregated data that can be used for sound decision-making and to ensure that no one is left behind; b) communicating accurate and usable information to key audiences; c) mastering the globalised supply chain; d) addressing a threat that cuts across socio-economic groups, sectors and jurisdictions; e) protecting the groups and economic sectors that are most vulnerable to the virus; and f) ensuring that recovery builds resilience to future risks. The overall storyline is that: reliable information needs to be generated for decision-making and communicated to stakeholders (a and b); the response needs to ensure that critical supplies are available, actors and their resources are well-coordinated and the needs of the vulnerable are addressed (c, d and e); and recovery must be resilient (f). Unlike other disasters, the COVID-19 crisis has been protracted and continues to evolve and variants throw new spins to the crisis. In addition to the deleterious health effects, the response measures have had an enormous impact (see the Situational Assessment in Chapter 2).

⁶These are Ethiopia, Rwanda, Côte d'Ivoire, Tanzania, Senegal and Ghana. See the IMF's 2019 Regional Economic Outlook These are Ethiopia, Rwanda, Côte d'Ivoire, Tanzania, Senegal and Ghana. See the IMF's 2019 Regional Economic Outlook

Timely data. The spread, impact and treatment of the coronavirus are novel so data collection and management using digital technologies are critical for informed policymaking. Deloitte (2020) has concluded that using data, analytics and emerging technologies have enabled governments to make informed policy decisions such as travel bans, school closures, quarantine measures, and social distancing to reduce the spread of the virus. Lessons about the use of data around COVID-19 include: (a) real-time data has enabled policymakers to respond nimbly, use predictive models and identify emerging patterns; (b) robust data governance frameworks are needed that incorporate data ownership, privacy concerns, security, and transparency; (c) data sharing (reducing barriers, creating data-sharing platforms, and facilitating citizen participation) has accelerated cross-sector and cross-border collaboration while fostering innovation; and (d) decision-making is only as good as the quality of the data upon which it is based so there is a need to correct biases, report inconsistency and ensure completeness.

Communications. Accurate and accessible information is needed by the public and businesses so that they can be effective partners in controlling and recovering from the pandemic. World Health Organisation (WHO) notes that risk communication and community engagement are critical for breaking the chains of transmission and mitigating the impact of the COVID-19 pandemic. People's behaviours and their willingness to follow public health and social measures can be the most powerful tools to stop the spread of the virus, along with immunisation. Strategies that communicate risk, reach all key stakeholder groups and facilitate community-led approaches will result in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19 (WHO 2020).

Globalised supply chain. Individual countries are dependent on a globalised economy for key materials to respond to the virus. The supply chains for personal protective equipment (PPE), vaccines and medical equipment for treatment were disrupted by the pandemic along with access to other goods and services. With production being concentrated in certain countries, critical goods have to be procured on a competitive and global basis. Access to key supplies for mitigating and treating the spread of COVID-19 have required dexterity and money to navigate this complex and competitive environment, often putting poorer countries at a disadvantage. Inadequate availability of PPE, medical equipment, inadequate vaccines combined with, vaccine hesitancy fuelled by a mistrust of government, false news via social media, corruption, and other critical tools has hampered national efforts to respond and recover.

Cross-cutting. The consequences of COVID-19 cut across socio-economic groups, economic sectors and geographic areas, requiring a response that is targeted, multi-sectoral and cross-jurisdictional. The virus has affected certain groups of people and economic sectors more severely (see next paragraph on vulnerability). In each country, certain geographic areas have been hit harder, e.g., cities that are more exposed to international travellers, especially from countries with a high infection rate. Because of these features, the planning, implementation and evaluation of the response to the pandemic needs to target the groups, economic sectors and physical locations that are most vulnerable. In addition, the response needs to be coordinated across a broad range of sectors, e.g., health, welfare, public safety and security, disaster risk management, and finance. Finally, there is an ongoing need for coordination across jurisdictions (local-national, within the central government and national-international) so that human, financial and physical resources are effectively used.

Vulnerability. The virus affects certain groups of people and segments of the economy more severely. There are two broad types of people who are especially exposed and vulnerable to COVID-19: medical and frontline workers; and socio-economic groups who are unable to receive or follow recommended advice or unable to access services due to their physical, social or economic situation. Depending on country conditions, this latter group can include women, the elderly, people with pre-existing medical conditions, children, refugees and migrants, the homeless, ethnic/indigenous minorities, people with mental health conditions, victims of gender-based violence, people with disabilities, prisoners, and people living in overcrowded conditions. Economically, a recent study by Brookings (2021) concludes that areas with economies that rely on the movement of people—like travel and tourism—faced substantially higher unemployment at the end of 2020 than cities with core industries based on the movement of information, e.g., technology and government. This is borne out by evidence indicating severe economic decline in certain sectors (e.g., air travel, tourism, hospitality) and growth in other sectors (e.g. pharmaceuticals, online retailing, real estate) (BBC, 2021). In addition, small and medium-size enterprises (SMEs), female employees and the self-employed have been particularly vulnerable segments of the economy in many countries.

Economic and social recovery. COVID-19 has had profound and unexpected economic and human impacts, requiring a flexible and phased recovery that can be an opportunity to increase resilience to future risks. An analysis by Bloomberg recently concluded that, while US\$26 trillion worth of crisis support and the arrival of vaccines have fuelled a faster recovery than many anticipated, the legacies of stunted education, the destruction of jobs, war-era levels of debt, and widening inequalities between races, genders, generations and geographies will leave lasting scars, most of them in the poorest nations (Curran, and Kennedy, 2021). To this, one can add the impacts of cascading and concurrent disasters, which have added to losses in lives, livelihoods and economic productivity. Thus, it is important to seize this moment to invest in economic and social recovery that generates growth while addressing the longer-term negative impacts of the pandemic. The recovery process can also be an opportunity to build resilience to a broader range of threats such as climate change.

What is a Recovery Framework?

The concept and elements of a recovery framework have emerged from experience with disaster risk reduction and, more recently, through COVID-19 recovery needs assessments, with an aim of building back better using a multi-risk approach. The African Union Commission, with support from the United Nations and other partners, embarked on the development of the comprehensive Recovery Framework for the continent's countries and regions to assist in responding to this unprecedented situation. The Recovery Framework has: assessed the various effects and impacts of the pandemic; proposed policy and institutional reforms and programmatic measures; identified financing mechanisms; outlined institutional approaches to manage recovery; and proposed implementation arrangements to accelerate recovery. It will cover the health sector, the macro-economy, human impacts, economic outcomes, and cross-cutting areas (social protection, governance and peacebuilding, gender, disaster risk reduction, and migration/environmental/psychosocial effects). Special attention has been paid to issues of gender and vulnerability. Thus, a Recovery Framework is more comprehensive and flexible than a stand-alone recovery action plan. Depending on the scale of recovery required, a tailored framework can take from a few weeks to several months to develop for a country or a region.

Objectives

The goal of this Recovery Framework is to guide resilient socio-economic recovery efforts at the continental, regional and national levels from a multi-risk perspective, creating preconditions for building resilient societies in the African continent.

The **objectives** of the Framework include:

1. Assessing the socio-economic impact of COVID -19 in the Africa region;
2. Identifying regional trends on the impact and the value of a collective approach to address economic and human impacts of the pandemic;
3. Providing guidance to Member States to plan and implement recovery in the short, medium and long-term; and
4. Spelling out a transformational policy agenda that the AU and its Member States could adopt to effectively deal with current and future systemic challenges (policy and institutional reforms, programmatic investments, financing mechanisms, governance, implementation arrangements).

Notably, the Framework is a guide for national and regional recovery efforts. However, it is not a one-size-fits-all blueprint; national and regional recovery policies and programs will need to be developed, supported and implemented.

More specifically, the Framework embodies the shared principles and course of action for continental, regional, and national COVID-19 recovery in Africa by providing guidance and solutions for resilient recovery based on existing knowledge/tools/guidelines, good practises and recent experiences in COVID-19 recovery. Specifically, the Framework brings recommendations to the challenges that have been identified regarding recovery in Africa which include:

1. Poor coordination and communication during recovery and reconstruction phase
2. Lack of coordinated mapping of the long-term needs after disaster
3. Poor monitoring and evaluation of recovery efforts
4. Lack of funding for recovery and reconstruction
5. Lack of clarity of the mandate of the DRR agencies in recovery phase
6. Sustainability issues
7. Lack of legislation and policies to guide disaster recovery
8. Reliance on importation and global supply chains

Principles

The following are the overarching principles that guide the Recovery Framework for Africa:

- 1) Fast-track and scale-up interventions that immediately address urgent short-term needs: a) food insecurity, b) extreme poverty and c) access to essential health services.
- 2) Develop a policy framework to address recovery needs over the longer term in a sustainable manner. Ensure the policies and programs address both the impact of the COVID-19 crisis and the pre-existing structural limitations and systemic challenges, such as those associated with poverty and food insecurity. Give priority to transformational policies that offer the highest return, such as those addressing systemic inequalities in access to the labour market, education, healthcare, and other essential services.
- 3) Take an integrated approach to solutions, given the cross-cutting nature of the pandemic's impact.
- 4) Review and update the SDG targets and the African Union's Agenda 2063 to account for the impact of COVID-19 and to align with the Recovery Framework.
- 5) Harness opportunities that can be leveraged to achieve these objectives. Previous crises have often led to major social transformations, such as the implementation of the New Deal during the Great Depression and the expansion of the welfare state in European societies after World War II.

Methodology

The Framework was developed using robust internationally recognized disaster recovery methods, including the post-disaster needs assessment and disaster recovery framework approaches, and is informed by decades of practice across the world. The methodology for developing the COVID-19 **Recovery Framework for Africa** involves a three-phase process of:

- (i) **Scoping and Situational Assessment** for the COVID-19 Recovery Framework for Africa;
- (ii) **Drafting** the COVID-19 Recovery Framework for Africa; and
- (iii) **Supporting** AUC to endorse the COVID-19 Recovery Framework for Africa after extensive consultations with AU Member States and regional actors.

All three phases were led by the AUC DARBE, with technical support from UNDP, WHO, FAO, UNDRR, and the African Development Bank, and in close consultation with other AUC departments and relevant continental, regional and national stakeholders. A range of stakeholders were mobilised to provide inputs and critical insights on resilient socio-economic recovery from COVID-19. These include national disaster management authorities, UN agencies, other development partners, and regional actors. The data reflected in the Framework relate to the two-year period from **March 2019 - February 2022**. The data presented in this report pertain to the whole African continent, however, in some cases the data only speaks to the Sub-Saharan Africa region based on the source of data. A more detailed presentation of the methodology can be found in Annex 1.

How to use the Framework

The detailed content of the Recovery Framework is arranged in six chapters. These chapters follow the sequence of steps required to develop and implement a framework.

Chapter 1: Background, objectives and methodology

Chapter 1 identifies key dynamics that make COVID-19 an unprecedented disaster and a challenge for Africa and the world. It then explains the nature of a recovery framework and why it is more comprehensive and useful than a simple action plan for recovery. The goal and objectives of the Framework are then spelled out. Next, the methodology for preparing this Recovery Framework is outlined. Finally, the vision and principles embodied in the Framework are listed.

Chapter 2: Situational Assessment

Chapter 2 summarises a larger situational assessment that was prepared to establish the baseline for recovery efforts and identify the effects and impacts of the pandemic in Africa. Detailed information at the continental and regional level is provided on: health sector consequences; macroeconomic results; human impacts; economic outcomes; and cross-cutting effects (social protection, governance and peacebuilding, gender, disaster risk reduction, and migration/environmental/psychosocial).

Chapters 3-6 outline the critical components of the COVID-19 Recovery Framework itself – Recovery Strategies, Institutional Arrangements, Financial Mechanisms, and Implementation Arrangements.

Chapter 3: Recovery Strategies

Strategic options for recovery consist of policy reforms and programmatic investments. Policy recommendations for resilient socio-economic recovery focus on general and sector-specific recommendations at the continental, regional and country-grouping level. Measures are provided at these levels for the health sector, macro-economy, human impacts, economic outcomes, and the cross-cutting areas. Possible policy reforms and programmatic investments are tailored to worst case, median and best-case scenarios.

Chapter 4: Governance and Institutional Arrangements

How institutions are set up, coordination mechanisms, and the capacity and capability of those agencies providing recovery activities are critical factors for a successful recovery. Chapter 4 describes good practises and key results associated with the development of effective institutional structures, leadership and human resources – to oversee, manage, coordinate and implement reconstruction.

Chapter 5: Financial Mechanisms

Chapter 5 concentrates on the major financing challenges of post-disaster reconstruction. These challenges include quickly quantifying the immediate and ongoing economic and financial costs of the pandemic, confirming the funding gaps, developing recovery budgets, identifying sources of financing, and setting up the mechanisms to manage and track funds.

Chapter 6: Implementation Arrangements

Based on agreed prioritisation, recovery programs need to be implemented quickly, with public buy-in, within budget, and the activities (especially the outcomes) need to be communicated to the public and monitored to keep track/lack of progress. Chapter 6 introduces key considerations that governments and recovery actors need to be aware of to ensure that program implementation is effective, equitable, timely, and working toward building back a better future for the disaster-affected population. This will include expected issues or challenges that will need to be foreseen and managed.

II. Situational Assessment

Chapter II is the synthesis of a larger situational assessment that was prepared as an input to the Recovery Framework. The effects and impacts of the pandemic are presented for the health sector, the macro-economy, human development, economic development, and cross-cutting areas (social protection, governance and peacebuilding, gender equality, disaster risk reduction, migration, the environment, and psychosocial). The chapter concludes by identifying impacts that are characteristic of the five regions of Africa as well as other groupings of countries.

Background

The COVID-19 crisis has revealed how susceptible modern societies are to systemic risks and that a 'domino effect' across infrastructural, social, environmental, political, and economic systems in each society initiated by the pandemic can alter or completely disrupt their original configuration. An important consideration for recovery efforts from systemic risks is to maintain a broader resilience perspective that focuses on multiple risks societies are facing and builds the capacity for society to prepare for disruption, cope with and recover from them if they occur, and adapt to new conditions. These efforts require a recovery framework to help guide African countries, key stakeholders and international partners to plan and implement resilient recovery. The first step in the developing the framework is a situational assessment which sets out the pre-COVID-19 baseline and identifies the socio-economic and other effects and impacts of the pandemic.

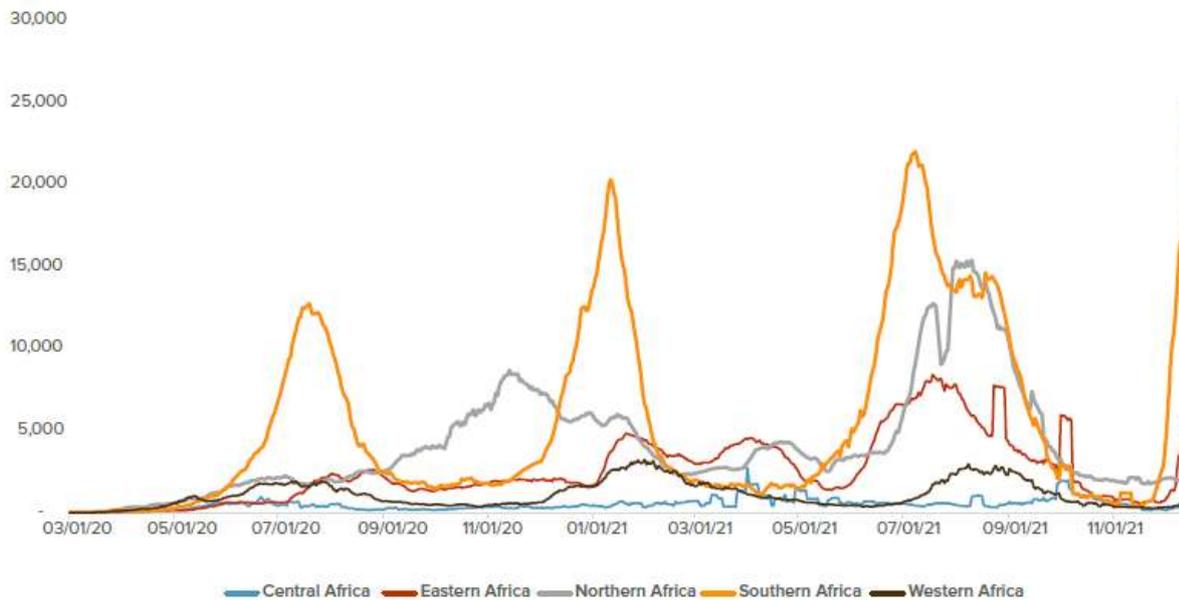
The full [Situational Assessment](#) is a separate document prepared in 2021 that looks at the various dimensions of effects and impacts that COVID-19 has had in African countries including: goals, objectives and methodology of the Assessment (Chapter 1); health consequences (Chapter 2); macroeconomic impacts (Chapter 3); human impacts (Chapter 4); economic outcomes and initial responses (Chapter 5); and cross-cutting effects covering social protection, governance and the rule of law, gender, disaster risk reduction, migration, environmental and psychosocial impacts (Chapter 6). Regional and other data are provided in a separate volume of [annexes](#). The information below is a synthesis of the larger Assessment and its annexes.

Health consequences

Evolution of the pandemic. COVID-19 remains active in all Member States in the African region and continues to cause unprecedented socio-economic disruptions. As of mid-January 2022, African countries reported a total of 10.39 million confirmed cases and 233,000 deaths. With the omicron variant, the continent is seeing a spike in cases with a million new infections occurring every 23 days. Despite these figures, the impact of the pandemic in Africa has been relatively low compared to the Americas, Europe and Asia. While the reasons for this are still unclear, several factors have been suggested as potentially influencing the low burden of illness. These range from age demographics, lack of long-term care facilities, potential cross-protection from previous exposure to circulating coronaviruses, limitations of SARS-CoV-2 testing and poor data management, which may have resulted in underreporting of deaths, and effective government public health responses.

Within the African continent there are regional variations regarding the confirmed cases with Southern African recording the highest number of cases (4.7 million) and deaths (over 117,000) on the continent, thus accounting for about half of the continent’s cases and fatalities while central African recorded the least – see Table 2.1 below.

TABLE 2.1: Regional breakdown of COVID-19 waves across Africa – as of March 2022



Continuity of essential services. The ongoing pandemic has put enormous pressure on health systems and disrupted health service delivery in Africa. The disruption of health services was caused by the diversion of resources away from other service areas towards the COVID-19 response; the re-prioritisation of healthcare needs and changes in screening, diagnostic and treatment policies; the reorganisation of service delivery; and interruptions in the supply of medical equipment and health products. Demand-side factors also contributed to the disruptions. These include the reduction in the numbers of people seeking care because of physical and financial difficulties with accessing care, changes to health-seeking behaviour caused by a fear of contagion and, in some cases, disinformation about safety, prevention and control of the pandemic. As per Table 2.2 below, the crisis is expected to increase morbidity and mortality rates in Africa across of HIV, TB and malaria, as well as maternal and child health services and immunisation campaigns for children under five years.

TABLE 2.2: Health deprivations due to COVID-19 in Africa

HIV-AIDS⁷	Tuberculosis⁸	Malaria⁹	Maternal and Child Health¹⁰	Immunisation¹¹
<p>The number of people on antiretroviral therapy in Africa decreased from 12.9 million in 2019 to 10.1 million in 2020, leaving an additional 2.8 million HIV-positive patients at risk. This is of particular concern in East Africa which accounts for region most affected by HIV at 46 percent followed by Southern Africa.</p> <p>There could be an additional 534,000 HIV-related deaths as a result of the pandemic.</p>	<p>The disruption to TB health services left nearly 900,000 thousand people at risk in Eastern Africa, followed by 400,000 people in Southern Africa, and 240,000 people in Central Africa.</p> <p>These disruptions could cause an additional 525,000 TB deaths globally in 2020 compared to 2018.</p>	<p>There will be an additional 382,000 malaria-related deaths in 2020 compared to 2018 in SSA because of Covid-19-related service disruption. This will especially affect children since most malaria deaths occur in children under five years.</p>	<p>It has been estimated that reductions in maternal and child health interventions, would result in between 12,660-55,020 additional maternal deaths and 253,800-1 million child deaths over 12 months (in 2021), across 49 African countries.</p>	<p>COVID-19 left 62.1 million children (17 million in West Africa, 12 million in East Africa) without access to immunisation services in Africa and at risk of contracting deadly and preventable diseases such as diphtheria, tetanus, pertussis, measles, polio, and malaria.</p>

Young women and children are the most at risk in this sector. It is worth noting, however, women played a key role in the fight against COVID-19. Women make up over 60 percent of Africa’s health care workforce (Chuku et al., 2020) and they were and continue to be critical in nursing the sick at home. Nevertheless, women’s dominance in the health sectors also put them at higher risk of COVID-19 infection and mental diseases.

People living with disabilities (PwDs) experience poor health due to pre-existing health conditions and increased rates of risky behaviour. They are, therefore, more susceptible to contracting the virus and to experience severe symptoms upon infection thus increasing their risk of death. PwDs are also at a greater risk of contracting COVID-19 because they face increased barriers to observe basic hygiene measures and social distancing.

The vaccine rollout in Africa remains the slowest in the world. Less than one adult in every hundred is fully vaccinated, compared to an average of over 30 in more advanced economies. This means even most essential frontline workers continue to work unprotected. Some of the countries in North Africa (Algeria, Morocco and Tunisia) performed slightly better than the other regions in Africa, except Libya and Egypt. Central Africa is the most lagged region where less than 0.52 percent of the total population (as of October 2021) reported to be fully vaccinated in four countries with DRC being the lowest among the region and continent (0.04 percent).

⁷UNAIDS (2021); Global Fund (2021); WHO (July, 2021)

⁸WHO (2020a); Global Fund (2021); WHO (March, 2021)

⁹WHO (2021a); Global Fund (2021)

¹⁰WHO, UNICEF, UNFPA and The World Bank (2019); WHO (2021a); UNICEF, WHO, UHC (July, 2021); The Lancet for Global Health (2021); UN Inter-Agency Group for Child Mortality Estimation (2019)

¹¹WHO & UNICEF (July, 2021); UNICEF (July 2021)

Challenges and good practises. Structurally, the COVID-19 response has been complicated by the following challenges facing the health sector in Africa:

- Gaps in leadership and governance which are often linked to factors such as political instability and corruption.
- Inadequate funding of the health sector. Non-government funding, donor fatigue, and a lack of predictability, sustainability and flexibility in funding have all had negative impacts on health financing. For example, women's essential health care services such as antenatal and prenatal care, maternal services, HIV testing, and provision of contraception have been interrupted, in some cases causing an increase in maternal deaths and stillbirths.
- Inadequate supply of good quality medical products, vaccines and technologies.
- Poor health information management capacity. This is due, among others, to the use outdated health information systems, a shortage of health workers with sufficient skills in health information management, the use of data collection tools that are inadequate and unreliable, and a lack of interest and motivation amongst health workers to collect health data.
- Financial, structural, and geographic barriers to accessing good quality health care.
- Poorly organised healthcare, including the lack of coordination between the primary, secondary, and tertiary levels of healthcare.
- Weaknesses in epidemic/pandemic preparedness, prevention, surveillance and response capacities.

Despite these challenges, there are examples of good practice in: health sector governance; the health workforce; essential medications, equipment and supplies; communications strategies; monitoring and evaluation; and essential service delivery. Some countries have increased their budgetary allocation to the health sector to at least 15 percent in line with the Abuja Declaration but more needs to be done to strengthen the resilience of the health sector to future emergencies. The sector has faced an unprecedented crisis and requires more resources while ensuring the current investments are optimally utilised to reduce wastage in the light of diminished resources as a result of the economic shocks created by the pandemic.

Macroeconomic effects

Africa, after showing good prospects of economic growth before the pandemic, is experiencing an unprecedented economic shock which may have major adverse impacts on the long-term development trajectory of the continent. The continent suffered the worst economic recession in 25 years due to the negative impact of the COVID-19 pandemic in 2020. This consequence was especially due to the continent's close links with developed economies, in terms of travel, trade and financial market linkages and other economic activities which further narrowed the fiscal space of African countries. Most of these countries were already facing difficulty in financing activities aimed at achieving the SDGs and the aspirations of the African Union's Agenda 2063.

The pandemic has mainly impacted Africa's macroeconomic development through¹²:

- **GDP growth – continentally and at the regional level:** Continental GDP declined by 2.1 percent, with the Southern Africa region experiencing the highest level of economic contraction in 2020. Southern Africa was the hardest hit in terms of economic growth (Economist 2020). After a strict lockdown which led **South Africa's** economy to contract by approximately 7.7 percent in 2020, GDP is projected to expand by 3.3 percent in 2021. Slow growth in South Africa, the region's largest economy, spilled over to its neighbours that rely on the former for manufactured goods and as a market for their outputs as well as a source of a labour market for their citizens. In **North Africa**, the overall GDP contracted by 1.1 percent in 2020, largely propped by Egypt, which maintained a 3.6 percent growth. Tunisia and Morocco were the most severely affected with each registering a negative growth of 8.8 and 5.9 percent respectively. The region is expecting a robust recovery of 4.0 percent in 2021. **East Africa** was the most resilient of all African region largely due to reduced reliance on primary commodities. The region enjoyed 5.3 percent growth in 2019, 0.7 percent in 2020 and is expected to grow by 3.0 percent by 2021. Best performers included Djibouti (9.9 percent), Kenya (5.0 percent) Tanzania (4.1 percent). The GDP for Central Africa contracted by 2.7 percent in 2020. The most affected countries included Republic of Congo (-7.9 percent) Equatorial Guinea (-6.1 percent) and Cameroon (-2.4 percent). However, the region is expected to register a recovery of 3.2 percent.

- **Inflation rate:** Africa's inflation rate was estimated at 10.4 percent for 2020, almost the same as the 9.8 percent in 2019; however, it is projected to moderate to 9.0 percent in 2021.
- **Employment:** about one-third of working age individuals in Africa stopped working during the pandemic, with women being disproportionately affected.
- **Import and export of goods and services:** In a pessimistic scenario for 2020, exports fell by 18 percent of GDP and imports by 23 percent, hence widening the trade imbalance. Many commodity prices have dwindled which constrain the resources that African countries need for growth recovery.
- **Tax revenue, expenditure and fiscal deficit:** The fiscal deficit in Africa was estimated at 8.4 percent of GDP in 2020. Governments were forced to resort to borrowing to plug the fiscal deficits that partially resulted from providing stimulus packages aimed at supporting social needs.
- **Remittances:** Remittances to Africa, excluding North Africa, were estimated to have declined by 12.5 percent in 2020. Still, during the COVID-19 pandemic, the remittances exceeded the ODA and FDI. Additional negative macroeconomic effects linked to COVID-19 in Africa included a higher consumer price index, reduced household and government consumption, and lower gross fixed capital formation. (Ratha et al., 2021; Allen 2021)

Human impacts¹³

COVID-19 and the responses to it have resulted in a regression in human development throughout Africa and, more generally, a reduced ability to achieve the agendas 2030 and 2063. This has included negative impacts on poverty, food security, human resource development (health and education), gender, and social inclusion (children and youth, forcibly displaced populations, the elderly, people with disabilities, people living with HIV). These regressive consequences are detailed below.

¹²Data from Africa Economic Outlook 2021 (AfDB 2021)

¹³The health analysis is considered under the Health Section above

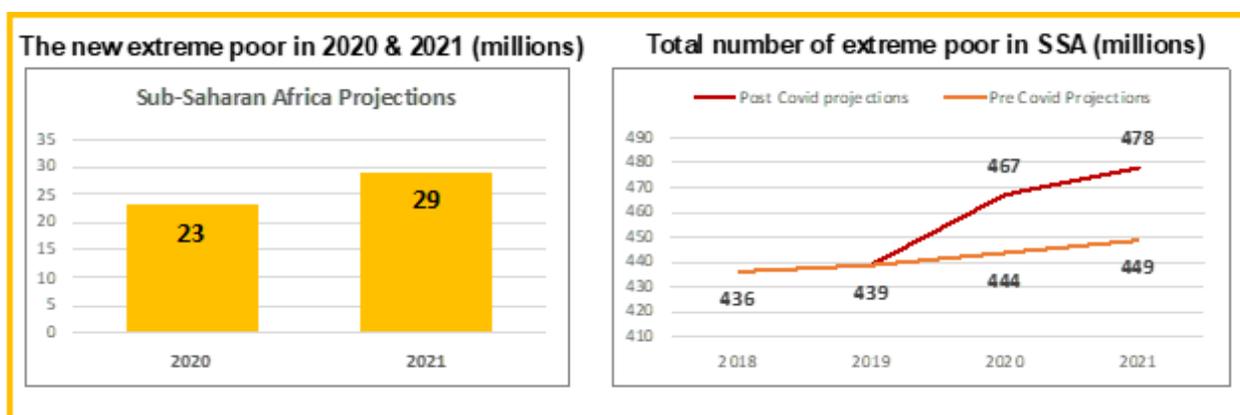
POVERTY

It is estimated that 30.4 million people in Africa fell into extreme poverty in 2020 and the number could reach 38.7 million people in 2021 as a result of COVID-19 (AfDB, 2021). In East, Central, South and West Africa, 23 million people slipped into extreme poverty in 2020, reaching a total of 467 million in the region, up from 439 million in 2019. By the end of 2021, the numbers may increase to 29 million, bringing the total to 478 million (Daniel, Gerszon, Mahler et al., 2021).

The new poor will be concentrated in countries that were already facing high poverty rates, but middle-income countries are also expected to be significantly affected. Also, people who were poor or vulnerable before the onset of this crisis are the most impacted. Many of the new poor are likely to live in urban areas and to be engaged in informal work, especially women. Consequently, women, youth and children will be disproportionately affected by poverty (AfDB, 2021; World Bank, 2020).

At the regional level, three countries in East Africa are expected to be among the top ten countries in Africa with the highest poverty rate by 2023, (\$1.90 per capita/day), namely South Sudan, Somalia and Madagascar (World Bank, 2021). The region also has four of the top ten countries in Africa with the highest percent of children living in poverty namely South Sudan, Burundi and Rwanda (Silwal, Ani Rudra et al., 2020). In Central Africa, Central African Republic and DRC are expected to be among the top ten countries in Africa with the highest poverty rate by 2023, Both countries have among the highest percent of children living in poverty (World Bank 2021a).

FIGURE 2.1: Poverty projections for SSA¹⁴



FOOD INSECURITY

Before COVID-19 hit the African continent, a large proportion of the African people were already food insecure. In 2020, 282 million people in Africa faced hunger because of the COVID-19 crisis in combination with conflict and climate-related disasters, which is about 46 million more people than in 2019 (FAO et al., 2021). From 2016 to 2018, Africa imported around 85 percent of its food from outside the continent, making an annual food bill of \$35 billion, which is projected to hit \$110 billion by 2025.

¹³ Source: Daniel Gerszon Mahler, Nishant Yonzan, Christoph Lakner, R. Andres Castaneda Aguilar and Haoyu Wu. June 2021. Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021? (WB Blog, accessed 15 Aug 2021).

Such high dependence on world markets makes some of the Africa countries highly vulnerable at times like these (Akiwumi, 2020). COVID-19 not only disrupted food supply chains, unemployment, increasing poverty all of which has had an impact on access to food and nutrition. As a result, the prevalence of undernourishment increased in Africa from 18 percent to 21 percent between 2019 and 2020 (FAO et al., 2021). As such, it is estimated that an additional 1.9 million children under five years will likely have wasted between 2020 and 2022 in all the regions of Africa except for North Africa, and an additional 1.2 million will be stunted by 2022 (under a moderate scenario) (FAO et al., 2021; Saskia Osendarp et al., 2021).

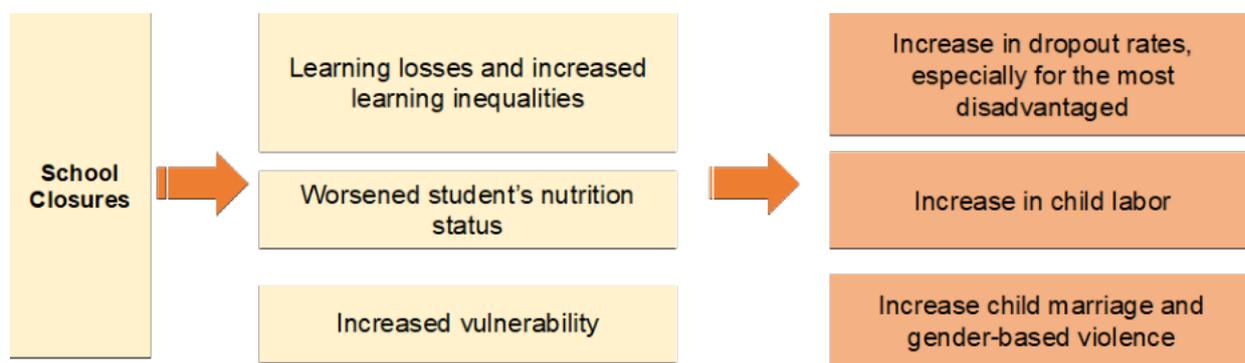
Of high concern is East Africa, which had the largest number of undernourished people in Africa in 2020 with more than 125 million and had the second highest prevalence of undernourishment at 28 percent. The hunger hotspots include South Sudan, Ethiopia and Sudan. Similarly, the region also has the highest burden of malnutrition, namely Ethiopia, Somalia, South Sudan, and Sudan (four countries where 10 million acutely malnourished children are estimated in 2021). West Africa has the second largest number of undernourished people in Africa in 2020 with over 75 million and COVID-19 is likely to exacerbate the situation.

The key hunger hotspots include Northern Nigeria and Burkina Faso. In Central Africa, which holds the third largest number of undernourished people in Africa during 2020 with 57 million people facing hunger, DRC is the main hunger hotspot. Overall, South Sudan, Nigeria, Burkina Faso, DRC, Ethiopia and Sudan are especially concerning due to the scale, severity and trends of the existing food crises. In these fragile contexts, any further shocks, such as the current drought crisis in the Horn of Africa, could push a significant number of people into destitution and starvation, according to the WFP and FAO (2021).

DEPRIVATIONS IN HUMAN RESOURCES

Education

The closing of schools interrupted the functioning of the education system in Africa, reducing student learning, restricting the activities of education authorities, and disrupting school feeding programmes for vulnerable children (WFP and UNICEF 2021). The direct and indirect impact of school closures is summarised in the figure below:



Across the African continent, 327 million students from pre-primary to secondary education were affected by school closures at some point in time between March 2020 and September 2021. Of those, 148 million lost more than 50 percent of classroom instruction time in 2020, and 14.6 million in 2021 (UNESCO, 2021).

¹⁵Discussions on health are discussed under the Health Impacts section above

The massive scale of school closures led Governments to provide distance and remote learning opportunities. However, only a few school children had the necessary assets at home to continue their learning. The number of students not reached by digital and broadcast remote learning policies is estimated to be 67 million in East and Southern Africa, 54 million in West and Central Africa and 37 million in the Middle East and North Africa (UNICEF, 2020). At the regional level, East African is the region where COVID-19 impacted the largest number of students and where alternative education policies were most difficult to be implemented and to reach those already lagging. Before COVID-19, East Africa had 28 percent of children and youth out of school, which is the highest proportion across the region (UNESCO, 2021). East Africa also experienced the longest duration of school closures, with an average of 146 days of full school closure between March 2020 and September 2021. The region also registered the highest number of students who lost more than half of classroom instruction time, with 69.4 million students affected in 2020 and 14.1 million in 2021 (ibid).

While school closures and missed days of schooling impacted girls and boys equally, digitally delivered learning initiatives had the effect of unintentionally amplifying pre-existing gender disparities. This is because in Africa, with the exception of North Africa, before the pandemic, boys were 1.5 times more likely to own a phone than girls, and women were a third less likely to access the internet.

In 2020, an estimated 53 million children missed out on in-school meals during school closures in Central, Southern, East and West Africa (WFP, 2020). In addition, preliminary estimates show that in 2021, 4.3 million students, from pre-primary to tertiary education, are at risk of dropping out of school or not enrolling at all due to the economic shocks brought by COVID-19 (UNESCO, 2020). School closures increased the vulnerability of girls to teenage pregnancy, gender-based violence and early child marriage (World Bank, 2020a).

People living with disabilities (PwDs) are less likely to have access to education compared to their counterparts without disabilities (WHO, 2020a). The shift to remote learning due to COVID-19 lockdown measures, could be a challenge for students with disabilities since online learning material might not be accessible for students with visual impairment and those who are deaf. In addition, PwDs are overrepresented among the poor and could be burdened with disability related expenses.

GENDER

The COVID-19 crisis exacerbated already existing gender inequalities, revealing serious differences between women and men in income and employment security, domestic responsibility and the care burden, safety, physical and mental health, education, and agency (UNDP and UN Women, 2021). The crisis has significantly disrupted women's lives as decades of progress towards women's rights and gender equality in Africa began to unravel. At the same time, African women and girls play critical roles in responding to COVID-19, including as producers and drivers of trade and economic growth, frontline workers, caregivers at home and work, and as mobilisers in their communities (Brookings 2021). The main impact of the pandemic on gender equality include:

Loss of livelihoods, income, jobs and access to productive assets - COVID-19 related economic restrictions led to widespread job and wage loss especially for women and girls who already hold precarious jobs and work in the informal sector. In SSA, 89.2% women make up three out of four workers in the informal sector (World Bank, 2020b), leaving them

more exposed to income insecurity from the prolonged lockdowns and excluded from social protection systems.

Poverty and food insecurity - In Africa, prior to COVID 19, the female poverty rate was projected to reach 42.3 percent in 2021, except for North Africa. The projection is now 44.5 percent, however, between 2021 and 2030, the number of women and girls living in extremely poor households in SSA is expected to increase from 249 to 283 million (UN Women and Azcona et al., 2020). Women are also vulnerable to extreme food shortages due to interrupted food production and supply as well as rising food prices. As women and girls make up the largest poor in Africa with the least resources to accelerate recovery, it also means that they will be last to recover from the impacts of COVID-19.

The COVID-19 crisis led to increased unpaid care work for women as they are first caregivers reducing women's ability to participate in productive activities, earn income, or pursue their careers and other economic opportunities.

Nationwide lockdowns, disruption of healthcare services, and fear of attending healthcare facilities have had an impact on the wellbeing of women and children. The disruption in maternal and child health services will likely result in an additional 12,660 - 55,020 maternal deaths over 12 months in 2021, across 49 African countries (The Lancet for Global Health, 2021). Disruptions to health services also created difficulties for women and girls to access sexual and reproductive health. United Nations Population Fund (UNFPA) estimates that a combination of economic shocks, school closures and interruptions in reproductive health services will lead to an increase of 13 million child marriages between 2020 and 2030 (UNFPA, 2020). Furthermore, teenage pregnancy also substantially increased during lockdown due to increase in transactional sex for food and clothes. With increasing poverty, these teen girls are less likely to return to school, which would be necessary for economic empowerment and financial independence.

Emerging data shows an increase in calls to domestic violence helplines in many African countries since the outbreak of the pandemic. A UN study on the effect of the pandemic on women and girls in East and Southern Africa, found that there was a 775 percent increase in calls to the national GBV hotline in Kenya (UNOCHA, 2020). In Nigeria, data from two-thirds of the states demonstrated a 149 percent increase in reports of GBV from March to April 2020; and in South Africa, a national counselling hotline documented a 500 percent increase in the number of GBV calls in the two months after the lockdown began (Roy et al., 2022).

SOCIAL INCLUSION

Populations that were already vulnerable prior to the onset of the Covid-19 crisis have been disproportionately affected, particularly children and youth, forcibly displaced people, older persons, people with disabilities, and people living with HIV and other illnesses.

Children and Youth face multiple impacts, including deprivations in education, health and work. As a consequence of the crisis, millions of children and youth have fallen into poverty and face higher morbidity and mortality which requires urgent attention.

TABLE 2.4: Impacts of pandemic on children and youth in Africa ¹⁶

Education Deprivation	Health Deprivation	Child Malnutrition	Child Poverty
327 million students were affected by school closures in Africa (2022-21). Of these, 148 million lost more than 50 percent of classroom instruction time in 2020 and 14.6 million in 2021	9.4 million children are at the risk of contracting diphtheria, tetanus, and whooping cough and additional 1.2 million children are the risk of contracting polio due to interrupted immunisation campaigns	An estimated 1.9 million more under-five children have wasted in SSA between 2020 and 2022. An estimated 1.2 million more under-five children will be wasted in 2022 in SSA, compared to 2019	An additional 26 million children and youth (0-17 year-olds) were living below the national poverty line by end of 2020 compared to the start of the year – 10 percent average annual increase – bringing the regional total to over 280 million

Forcibly Displaced Populations represent 32 million Africans who have been affected by income loss, food insecurity, and restricted access to health services and education as a result of the crisis

TABLE 2.5: Forcibly displaced population at risk of COVID-19 in Africa ¹⁷

	East & Horn of Africa and Great Lakes	West and Central Africa	Southern Africa	A total of 32 million forcibly displaced in Africa Forcibly displaced populations are at risk of Covid-19, and have been affected by income loss, food insecurity, and restricted access to health services and education
Refugees	4.72 million	1.4 million	763,119	
IDPs	8.74 million	6.3 million	6.5 million	
Returnees		1.3 million		
Stateless		1.7 million		
Asylum seekers			315,579	
Other			36,664	
TOTAL	13.46 million	10.7 million	7.6 million	

Older Persons. On the African continent, there are 47 million people over 65 years of age (UNDESA, 2019) who are at increased risk of contracting and dying from COVID-19 and other preventable diseases, and may suffer from violence, abuse, and neglect due to isolation, restrictive measures, income losses and lack of access to services.

¹⁶Source: Education- UNESCO (2021), UNESCO UIS data, and UNESCO (2020); Health- on child mortality; Child malnutrition: Saskia Osendarp et al, 2021 and FAO, WFP, IFAD, UNICEF, WHO. 2021. The State of Food Security and Nutrition in the World 2021; Child poverty: UNICEF, 2020a, Covid-19: A Catastrophe for Children in SSA

¹⁷Source: UNHCR, 2021, *Global Trends 2020*

TABLE 2.6: Impact of pandemic on older persons in Africa ¹⁸

Health and Care	Vulnerability and Neglect	Social and economic well being	Mental Health
<p>Fatality rates are five times higher for older people than the global average. An estimated 66 percent of people aged 70 and over have at least one underlying health condition.</p> <p>They face challenges in accessing health and care services due to disruptions to health provision, fear of contracting COVID-19, and restrictions on their movement.</p>	<p>COVID-19 crisis led to increased exposure of older people to violence, abuse, and neglect due to isolation.</p> <p>In 2017, one in six older persons were subjected to abuse. With lockdowns and reduced care, violence against older people is on the rise.</p>	<p>The pandemic may significantly lower older persons' incomes and living standards. Already, less than 20 percent of older persons of retirement age receive a pension.</p>	<p>Physical distancing may have affected older people disproportionately. Living alone and being more digitally excluded than others, the risks are higher for older people.</p>

People with Disabilities (PwDs)

In Africa, it is estimated that about 80 million individuals are affected by disability, and the continent presents the highest percentage of children (0-14 years) and adults (15-59 years) with disability across all regions; six percent and 19 percent of the population, respectively (WHO and World Bank, 2011). PwDs living in low-income countries are more likely to be characterised by disadvantage and exclusion, such as lack of access to public health, education, employment, and other social services.

PwDs are less likely than others to be employed and when they are employed, they are more likely to work in the informal sector characterised by low incomes and lower access to social insurance based on employment (UNHCR, 2020; WIEGO, 2020). In the context of COVID-19, especially during lockdowns, they were more likely to lose their jobs and/or to be unable to conduct their economic activities, and hence to lose their source of income. The loss of income represents a disproportionate burden on persons with disabilities, as they face general extra costs related to disabilities, pulling them more rapidly into poverty. From a health perspective, the disruption of health services means that they face increased barriers to access health services, putting them at higher risk of COVID-19 and other diseases (ibid).

¹⁸ Source: United Nations (2020)

People Living with HIV

In 2019, there were 25.2 million people living with HIV (PLHIV) and 484,000 people died from HIV related illnesses in Africa, which represent 68 percent and 67 percent of HIV cases and deaths globally, respectively (UNAIDS, 2021). The number of people on antiretroviral therapy in Africa decreased from 12.9 million in 2019 to 10.1 million in 2020, leaving an additional 2.8 million HIV-positive patients at risk. It is estimated that there will be an additional 534,000 additional HIV-related deaths in 2020 relative to 2018 in SSA as a result of COVID-19 related health service disruptions (Global Fund, 2021; WHO, 2021b).

The large decrease in people being tested could result in infected people unknowingly spreading HIV, increasing the infection rates in Africa. People living with HIV also experience more severe outcomes and have higher comorbidities from COVID-19 than people not living with HIV. Young women are especially at risk, and other vulnerable populations.

Refugees and Immigrants

Refugees, internally displaced people (IDPs) and immigrants have been hit hard by the devastating socio-economic impacts of COVID-19. The pandemic exacerbated the monetary challenges that refugees and IDPs face daily. Total or partial lockdowns have prevented refugees and IDPs from earning their daily income, especially since many do not have stable jobs. While refugees have the right to work under international law, half of refugees are not allowed to work in their country of refuge and COVID-19 has exacerbated the situation.

SDGs in Africa and the Seven Aspirations Under Agenda 2063

In 2019, Africa was already facing significant challenges with achieving the SDGs and Agenda 2063 Aspirations. Given the immense consequences of the crisis, as indicated by the multiple human impacts in Africa, the hurdles will be much greater. It is estimated that without a solid SDG Push accompanied by a high commitment and investment, SDG-1 (No Poverty) and SDG-2 (Zero Hunger) will not be met in Africa. Other SDGs will also require significant attention as they have been among the most affected by the crisis, namely SDG-3 (Health), SDG-4 (Education), SDG-5 (Gender Equality), and SDG-8 (Decent Work).

FIGURE 2.8: Summary of COVID-19 impacts on the SDGs in Africa¹⁹

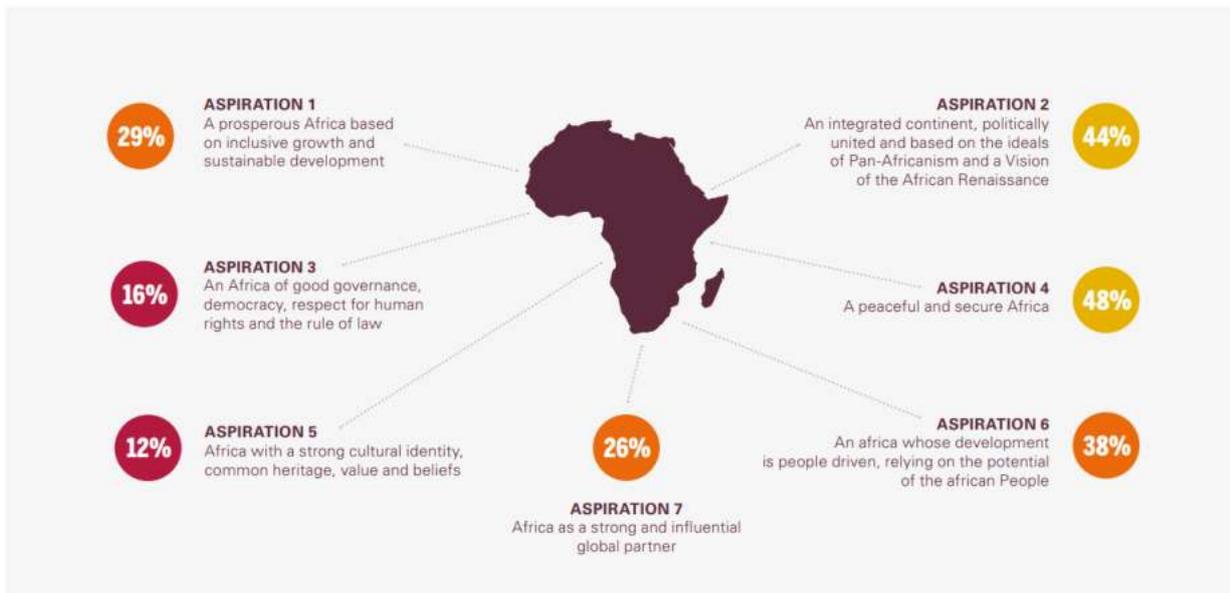


At the same time there have been some unexpected positive outcomes from the crisis, such as with SDG-7 on affordable and clean energy, SDG-12 on responsible consumption, and SDG-15 on life on land due to reduced pressure on the environment.

According to the AU, the continent made some progress in pursuit of the seven Agenda 2063 aspirations with an aggregate score of 32 percent (AUC 2022). Figure 2.9 below provides a snapshot of the progress Africa has made on its Agenda 2063 commitments. Weak performance was registered Aspirations 1, 3, 5 and 7. A score of 16 percent was registered on the continent's efforts towards realising its Aspiration 1 in relation to for good governance, democracy, respect for human rights, justice and the rule of law, in light of the 2019 targets. The continent's performance on promoting strong cultural identity, common heritage, values and ethics also registered the lowest score of 12 percent against the 2019 targets. In light of this weak performance, COVID-19 further threatens the achievement of Agenda 2063 Aspirations and its related goals.

¹⁹Constructed with data from The Sustainable Development Goals Center for Africa and Sustainable Development Solutions Network (2020)

Figure 2.8: Progress of Agenda 2063 Implementation – At Aspiration Level



Economic outcomes

Trade and commerce. Africa’s total trade balance (merchandise and services) has been negative, and it is increasing rapidly reaching a high of US\$-191.63 billion in 2020 or more than 10 percent higher than the baseline of 2019. Similarly, the import-to-export ratio is declining for Africa; in 2018 it was 0.81, in 2019 it declined to 0.77 and after that, during COVID-19, it drastically reduced to 0.70 in 2020. Many African countries are not self-reliant in food production and malnutrition is widespread. These countries rely on imports for a considerable share of their food consumption. In such a situation, restricted flows of foods during COVID-19 had an adverse effect on food security as evidenced above in human impacts.

Agriculture. Agriculture is the most critical sector of the African economy, yet at the same time food insecurity remains a significant and ongoing problem for vulnerable urban and rural populations in most countries. Impacts on agriculture include:

- **Cereal production:** Africa’s aggregate cereal production growth rate was estimated at 6.8% in 2020 and was forecasted to be 1.9 percent in 2021. This has resulted from the combined effect of many adverse factors, such as rainfall, locust infestations and other pests, security, general economic conditions, and the COVID-19 pandemic related restrictions (FAO, 2021).
- **Livestock:** Available field surveys indicate a reduced number of animals owned by households in 2020 due to distress sale of animals and other harmful coping mechanisms. The pandemic in Africa has impacted the livestock sector in general and pastoralist households and female micro-entrepreneurs who make up most milk producers in the continent.
- **Fisheries:** Limited available evidence indicates that COVID-19 control measures such as reduced boat capacities and partial closing of wharfs and restaurants affected the fisheries and aquaculture sector in the selected fish-producing countries in Africa. These led to a loss of earnings for fisher folk and others dependent on the industry.

Negative outcomes were also seen for food processing, agricultural and food sector employment, marketing of agricultural and food products, food prices, agricultural income, and imported agricultural commodities.

Micro, small and medium-sized enterprises (MSMEs). The pathway to Africa's resilient recovery is closely linked to the health of the private sector, particularly the MSMEs which represent 90% of the businesses on the continent and employ about 60 percent of the workers. Many SMEs in Africa operate in sectors that have been highly impacted by the pandemic. Wholesale and retail trade, construction, repair of motor vehicles and motorcycles, manufacturing, real estate, business and administrative activities and accommodation and food services were identified as sectors most vulnerable to COVID-19 disruptions. Generally, many MSMEs experienced cash flow challenges, supply chain shortages and inability to access credit, all of which hampered their ability to sustain operations. While many of these MSMEs have reopened post-lockdown, emerging data shows that more women-owned enterprises are either taking longer to re-open or have permanently shut down.

Employment. COVID-19 has had a dramatic effect on people's lives and livelihoods. From a labour market perspective, containment measures, curbs on economic activity and travel restrictions have had a negative effect on the quantity of jobs (job losses, unemployment) and quality of work (hours of work, wage and income and access to social protection). The impact of the pandemic varied considerably across groups of people falling disproportionately on those who are already more vulnerable to shocks, like informal workers, women and youth (ILO, 2020). In Africa, the total working-hour losses were estimated to be 15.6 percent, or 60 million Full-time Equivalent (FTE) jobs in the second quarter of 2020 and 11.5 percent working-hour losses or 43 million FTE jobs in the third quarter of 2020. Working hour losses in practice imply a loss in labour income which recorded a loss of 10.7 percent in Africa during the first three quarters of 2020 compared with the corresponding period in 2019.

Informal employment ranges from 40 percent in Southern Africa to over 90 percent in Central, East and West Africa which mostly has higher agricultural employment. Informal employment is also much higher for women at 80 percent of women's total employment as compared to less than 70 percent for men. More people working in the informal economy means that they are vulnerable to poverty, hunger and disease and they lack access to social protection coverage and support mechanisms if they lose their livelihood. Lockdowns and mobility restrictions have particularly affected informal economy workers like cross-border traders, waste recyclers, street vendors, migrant workers, transport workers, construction workers, domestic workers, and small shopkeepers. Prevalent gender inequalities and demands on reproductive labour also mean that women were likely to face challenges in restarting their enterprises due to limited access to resources such as credit and information.

Initial recovery responses. Initial recovery efforts in Africa are primarily designed to bolster the health sector, address human impacts and stimulate the economy. Virtually all countries in the region (96 percent) undertook special investments and allocated additional budgets to expand the capacity of the health sector to respond to and prevent COVID-19. Only two countries (Eritrea and South Sudan) apparently did not undertake any special measures for the health sector. The most common measures to support households were cash transfers and low-interest loans to low-income and other vulnerable groups (61 percent of all countries) and food and other in-kind assistance to vulnerable groups (31 percent). Twenty-four percent of all countries granted deferred tax and other payments to households and provided utility subsidies (water and electricity). The most common approaches to support the private sector were: granting lowered or deferred tax payments (50 percent of all countries); providing credit and other support for MSMEs, informal enterprises and self-employed (41 percent); offering loan guarantees and subsidised lending (39 percent); and mobilising targeted sectoral support, especially for agriculture, tourism and/or transport (37 percent).

The most common general measures that benefited the health sector, households and the private sector were: facilitating the importation of critical goods through lowered fees, duties and VAT and/or accelerating the importation process; and ensuring the supply of essential goods through the build-up of commodity and consumer product reserves, suspension of VAT on the production and sale of basic goods and/or price controls (22 percent). Comprehensive measures (six or more interventions covering all four categories) were undertaken by 14 countries (Botswana, Burkina Faso, Cameroon, Chad, Ethiopia, Guinea, Kenya, Mali, Niger, Rwanda, South Africa, Togo, Tunisia, and Zimbabwe). Seven fragile/conflict-affected states had no identified measures (e.g. Eritrea and South Sudan), only support for the health sector (Libya) or only one measure beyond support for the health sector (Angola, Congo Republic, Liberia, and Sudan).

Cross-cutting effects

Social protection²⁰. Social protection systems expanded rapidly throughout Africa in the first two decades of the 21st century (UNDP, 2019). This allowed many countries to utilise existing social protection policies, programmes and platforms (e.g. beneficiary registration and payment delivery mechanisms) in their policy responses to COVID-19. ‘Shock-responsive’ social protection merges short-term humanitarian relief and longer-term social protection modalities. COVID-affected people, such as those who lost their livelihoods during lockdowns, were registered as additional beneficiaries on national cash transfer programmes, and many pre-registered beneficiaries received top-up payments for the duration of their lockdown (Gentilini et al., 2021). So social protection proved its value during 2020, but the pandemic also exposed its limitations. Countries with less well-developed systems were poorly prepared and struggled to launch rapid and effective responses to COVID-19 triggered hardship. Even countries with fairly comprehensive systems had to scramble to fill gaps in their provision, notably under-coverage of the low-paid and informally employed working population, who do not have access to either social assistance or social insurance (Devereux, 2021). It is also difficult to ascertain the impact on gender inequality as most social protection interventions targeted households or head of households.

At the regional level, there were wide variation on how social protection was rolled out. For example, social assistance schemes have proliferated in Eastern Africa in recent years. This allowed 12 of 13 countries – all except Eritrea – to deliver cash transfers and/or food aid to their COVID-19-affected populations in 2020, using existing programmes where possible or launching new programmes using established platforms and experience. About half of the governments in this region also covered the salaries of workers for some months, while they were placed on special leave. Food security is a perennial concern in this region, and several interventions aimed to ensure stable and affordable supplies of staple food through the crisis period, despite disruptions to food systems.

Similar to East Africa, most governments in Southern Africa used cash transfers as their main vehicle for delivering income support during COVID-19 lockdowns. Some also delivered food parcels. These interventions were often extensive, reaching one quarter of the population (Eswatini), up to 11 million employers and employees (South Africa), or all urban households (Zimbabwe). Moreover, some governments contributed to the salary costs of workers in sectors that were compromised by COVID-19 restrictions, such as travel and tourism. Informal workers were covered by these provisions in only a few cases. As was common throughout Africa, digitalisation was encouraged through reduced charges on financial transactions by banks, phone companies and mobile money operators. Food security was protected by supporting food production with subsidised farm inputs, and by reducing taxes and tariffs on food.

²⁰Analysis based on data from ILO 2021, IMF 2021, UNDP and UN Women 2021; Gentilini et 2021)

Cash transfers dominated the West Africa social protection response to COVID-19 (14 out of 15 countries), especially targeting informal workers in vulnerable sectors such as tourism, followed by food aid and utility subsidies (both 9 of 15 countries). Popular policy interventions in this region included facilitating electronic payments and controlling food price inflation.

Unlike other African regions, the social policy response to COVID-19 in Central Africa was dominated by food aid rather than cash transfers, because few countries in this region had existing cash transfer programmes in place. Indirect financial assistance was delivered in the form of free or subsidised utilities in several countries, and deferred payment of social security contributions. Three governments in North Africa responded expansively to COVID-19 (Algeria, Egypt, and Morocco) and three countries responded in limited ways, often with donor support (Libya, Mauritania, and Tunisia). Cash transfers were the most popular mechanism used, followed by food aid and food security measures.

Remittances: A growth in remittances in 2020 was observed across the continent except for Nigeria. There was a decline 27.7 percent in remittance flows to Nigeria (from \$23.8 billion in 2019 to \$17.2 billion in 2020), which alone accounted for over 40 percent of remittance flows to the region. However, excluding Nigeria, remittance flows to West, Central, East and Southern Africa increased by 2.3 percent, demonstrating resilience at a time of crisis. Furthermore, growth in remittances was also observed in North Africa. Remittances to Egypt reached a record high of \$29.6 billion in 2020, rising for the fifth consecutive year. Remittances to Morocco rose by 6.5 percent to \$7.4 billion, while Tunisia also saw 2.5 percent growth in remittances (Ratha et al., 2021).

Governance and the Rule of Law. The pandemic has had a discernible impact on governance and peacebuilding in Africa and, in looking beyond the crisis, there is a need to examine the opportunities for post-crisis recovery. An analysis of the impact of COVID-19 containment measures, adopted at the initial stage of the outbreak in 2020 by African countries, on three issues that bear directly on governance – elections, parliamentary processes and public accountability institutions – found that “the measures placed operational constraints on institutions across the public and private sectors, groups, and individuals that are increasingly being marginalised in their engagement” with the government. Other governance challenges include weak coordination within and across borders, low data coverage of health outcomes in Africa, and institutional fragility of some countries that fuel further conflicts and instability. Denialism of COVID-19 pandemics at the highest level of national and sub-national governments in some countries made it difficult to encourage curtailment and vaccination measures. In several instances, access to justice and the effectiveness of the judiciary were hampered by restrictions imposed in response to COVID-19. Further, some countries experienced increases in crime rates associated with economic decline and in the absence of adequate safety and security measures. COVID-19 has also delayed progress in implementing reforms in some countries and is inhibiting government effectiveness across the region.

Gender: COVID-19 has deepened pre-existing gender inequalities in the region, resulting in differential impact for men and women and disproportionately negative consequences for women. According to the Global Gender Gap Report, the gender gap has widened by one percent during COVID-19, from 31.8 percent in 2020 to 32.8 percent in 2021 (WEF, 2020; 2021). The largest losses have been in educational attainment and economic participation of women. The report suggests that at the current rate, it will take 121.7 years to close the gender gap in Africa. Available data indicates that women are experiencing deepened poverty, reduced access to food, lower incomes and higher job losses including those in the informal sector. The burden of unpaid care work has increased, and women have increased risks in education, health, and gender-based violence. Even more importantly, the pandemic is challenging women’s agency and capacity to recover from the pandemic. Girls’ vulnerability has also increased due to school closures, resulting in school drop-outs, increasing incidence of teenage pregnancy, gender-based violence and early child marriage. These factors are likely to significantly limit life options available to girls in their adulthood.

Disaster risk reduction: COVID-19 is a disaster. Therefore, it must be analysed through a multi-risk and integrated lens to build resilience. We must learn from this disaster in order to strengthen and reform our approach to managing such phenomena to better inform development. The following initial learnings can be extracted from two years of managing the pandemic:

- **A rapid, consistent and unified African voice:** was taken by African leaders at a high level from the onset of the crisis on elevating the gravity of the pandemic to African communities and the need to take early action. This was complemented by a rapid deployment of social safety nets as well as consistent technical advice provided through the Africa Centre for Disease Control (CDC).
- **Compounding impact of other crises:** African countries have been affected by other disaster situations and crises during the last two years. Additionally, food insecurity, climate variability and change, locust invasion and environmental degradation continue to cause much havoc across the continent at the height of the pandemic. Some examples have already been mentioned earlier in the report.
- **Exacerbation of existing vulnerabilities but also creation of new vulnerabilities to other hazards:** The economic and human impacts section of this report already highlights the different elements of this increase in vulnerability. Besides, reduced economic activities among low income and fragile states in African countries means reduced revenue and budget to invest in risk reduction and other resilience building actions across Africa. As a result of COVID-19, the population is therefore much more vulnerable to any other disasters or crises that are already occurring and may occur in the future. Finally, this has contributed to the destabilisation of countries and regions in Africa that are already fragile as well as exposing a growing fragile population to violent groups.
- **Response mechanisms:** In some instances, disaster management systems were deployed providing learning/experience for handling COVID-19. Because of the very nature of the pandemic and because it was also identified by governments and international organizations as a “health crisis”, these systems were often created specifically for the pandemic or relying mostly on the Ministry of Health. It has revealed the inadequacy of the existing Disaster Risk Management (DRM) mechanisms to understand and anticipate the complex impacts of such a disaster in various sectors, and therefore to adopt a multi-sectoral and even multi-hazard approach in order to deal with the cascading compound impacts of COVID-19 and the other disasters that have hit the countries concurrently.
- **Systems and tools to respond to disasters are still reactive, unable to fully anticipate hazards and learn from the past events:** Early Warning Systems (EWS) are particularly interesting on that element since they are supposed to provide key analysis to make decisions to anticipate and respond to disasters. Despite efforts to strengthen such systems at national and regional level, they are still addressing risks in silos and not coherently through an integrated and multi-hazard approach and providing information for reactive measures. For COVID-19, they informed only reactive actions (quarantine, lockdown, testing, border closure, etc.) and not anticipating ones. For sectors to be able to make critical decisions ahead of potential impacts and to understand the compound effects of concurrent and cascading disasters on their sectors and the system(s) they are part of. COVID-19 has shown the importance of having a Multi-Hazard Early Warning System (MHEWS) capable of addressing all the different risks affecting countries and understanding their complex effects.
- **The COVID-19 pandemic is also providing some learning on the need to reform overall approaches to responding to and managing disasters:** Several countries in Africa have been improving their coordination mechanisms from one wave to another. In Zambia, the Government learned from the first wave and the coordination issues between the Disaster Management and Mitigation Unit (DMMU) located at the Prime Minister Office, and the Ministry of Health for what was defined as a “health crisis” to better

coordinate COVID -19 response. They improved their coordination mechanism in jointly developing the COVID-19 Multi-Sectoral Contingency Response and Preparedness Plan in January 2021. In this plan, a coordination mechanism based on the Disaster Management Act is established with clearer roles and responsibilities, particularly for DMMU and the Ministry of Health. DMMU became the lead for national and multi-sectoral coordination while the “Committee of Permanent Secretaries on Epidemic Preparedness and Response” is for the health response activities.

- **Current systems and approaches are still not fully calibrated to address the root causes of all risks:** Despite decades of work in prevention and preparedness²¹, the economic and non-economic impacts of disasters are increasing, and Africa remains one of the continents the most affected while already struggling to maintain development investments. COVID-19 has only revealed at a higher level our incapacity to properly reduce the underlying vulnerabilities that are at the root of disaster risks. But more importantly, it has highlighted that DRR and development are often approached in silos through different institutions, decision-making processes, mechanisms and time horizons.

Migration. The control measures put in place since the onset of the COVID-19 pandemic have had an unprecedented impact on human mobility, affecting the lives of societies at large and, in particular, of those communities depending on mobility for their livelihoods. In Africa, there has been a general reduction in outmigration and an increase in returns of migrants. There are regional variations of this dynamic in the regions most affected by migration - Eastern Africa, Northern Africa and West Africa. The return of migrants, and reduced flows in remittances, have also had localised impacts on the economy and livelihoods.

Many immigrants work in informal markets, have family members who rely on remittances and are not eligible for economic relief provided by the state. Immigrants are potentially in a more vulnerable position in the labour market due to their generally less stable employment conditions and lower seniority on the job. Studies also suggest that discrimination strongly increases in times of a slack labour market. In Southern Africa, economic immigrants from Zimbabwe, Malawi and Mozambique lost their jobs and became stranded in South Africa requiring the governments of these countries to repatriate their citizens. For West Africa, anecdotal evidence suggests that many of the popular destination countries have reduced the number of visas issued to West Africans, as only essential travel is allowed in some cases. At the same time, many of the migration schemes through which West Africans are recruited for job placement in some of the emerging destination regions, such as the Gulf countries, have been suspended as a result of the pandemic.

Environmental impacts. The reduced economic activities and mobility of people have resulted in improved air quality, cleaner water and beaches in some countries and regions around the world. Especially in the longer run (through 2040), African countries are expected to exhibit greater reductions in Green House Gases (GHG) emissions and materials consumption than many other regions and more modest reductions in emissions of final particulates and harvested area as compared to their pre-COVID-19 trajectories. However, there are also negative environmental impacts related to waste management, industrial pollution control, land use, biodiversity/protected areas, natural resource-based livelihoods, the humanitarian response, and regulatory efforts.

Psychosocial impacts. Mental health experts suggest that the mental health of communities is of concern during the pandemic. Anxiety can be heightened by the fear of contracting the virus and uncertainties due to poor information coming from governments and media. Extended lockdowns, curfews and loss of work opportunities are impacting the economic livelihoods of many thus influencing their mental health.

²¹A paper prepared by UNDRR for the 2002 World Summit on Sustainable Development (Natural Disasters and Sustainable Development: Understanding the Links between Development, Environment, and Natural Disasters) already alerted that disaster losses would continue to increase if actors and societies did not shift towards proactive solutions, and that reducing disaster impacts should be part of sustainable development agendas.

Furthermore, the psychosocial impact of COVID-19 on children is not well researched and therefore less understood. The potential rise in persons needing mental health services is also an issue of worry as many African countries lack the human resources to cater to the increased demand from persons needing mental healthcare. In a survey of African countries, mental health experts cited that mental health during the pandemic was not a priority. Already taxed resources were under additional strain due to the rise in mental health needs of the countries during this crisis. Despite the lack of focus on mental health needs, some African countries have put a few measures in place to meet these needs.

Impacts Based on Country Typology

Commodity exporters. The economic impact of COVID-19 induced shock was visibly felt on many oil-producing and commodity driven African economies. For example, Africa accounted for more than 7.9 million barrels of exports per day in 2019, which is 9.6 percent of the world's output (Carpenter, 2020). In the first quarter of 2020, oil prices fell by 50 percent (OECD, 2020). Following COVID-19, the United Nations Economic Commission for Africa (UNECA) estimates a minimum loss of \$65 billion in fuel revenues for Africa (UNECA 2020). Fuel prices fell drastically during the pandemic in 2020, hitting an average low price of \$32 per barrel in April 2020, heavily affecting fuel-exporting countries such as Angola and Nigeria. Economies such as South Sudan, Chad, Libya, Nigeria and Equatorial Guinea experienced falls in export income higher than 20 percent in 2020 with respect to the previous year as a result of the impact of the pandemic on commodities, especially the fall in the oil price. While prices rebounded in 2021, the resulting acceleration in earnings fed the inflationary pressures mentioned above.

Among oil exporters, inflation pressures are also expected to remain high for the continent's two largest oil exporters – Angola and Nigeria. In Angola, after rising to 25.1 percent year-on-year in December 2020, the country's inflation rate eased to 24.4 percent in January 2021, before edging up to 24.8 percent in February – the reduced pace of currency depreciation as oil prices increased helped to ease pressures on the balance of payments, hence the little difference between January and February. In Nigeria, after rising throughout 2020, inflation accelerated from 15.7 percent year-on-year in December 2020 to 17.3 percent in February 2021 – its highest level since April 2017. The surge in food prices persisted as the pandemic and insecurity continued to disrupt the food supply chain, while currency weaknesses and foreign exchange restrictions added upward pressures on imported food prices.

For metal exporting countries, inflation is estimated to remain high in countries such as Zambia, Sierra Leone, and Democratic Republic of Congo. In Zambia, inflation increased from 21.5 percent year-on-year in January to 22.1 percent in February 2021, driven by higher food prices and increased cost of imports due to continued currency depreciation.

Tourism-dependent countries. In 2019, the African continent had the world's second fastest growing tourism sector. As many as 70 million international tourists visited Africa and travel and tourism brought about US\$170 billion to the continent's GDP. In Tanzania and Rwanda tourism contributes to 17.1 percent and 10.0 percent of their respective GDPs. However, the pandemic had a devastating effect on the sector. According to the United Nations World Tourism Organisation (UNWTO), one billion less international tourists travelled globally in 2020 and Africa recorded a 74 percent fall in international tourist arrivals and a decline of 64 percent in tourism related exports. COVID-19 also had a secondary impact on tourism jobs.

In the East African Community alone, it is estimated that tourism jobs dropped from 4.1 million jobs to 2.2 million in 2020 (AERC, 2021).

Fragile and conflict-affected states. Conflict or other forms of armed violence are likely to increase in parts of the Central African Republic, the Central Sahel, Ethiopia, Northern Nigeria, Northern Mozambique, Somalia, South Sudan and the Sudan. Here, violence will worsen

food insecurity, through new displacements, disruption of trade and cropping, population movements, confinement of communities, abandonment of agricultural land, and loss of life and assets – while also affecting access to humanitarian assistance.

Refugees fleeing conflict and political instability have become more vulnerable during the pandemic as diminishing existing assistance over several years have been further reduced due to funding shortfalls and reprioritisation by donor countries. According to UNHCR, refugees in at least 11 countries in the sub-region (including Ethiopia, Uganda, South Sudan, Kenya, Tanzania, Malawi and Zambia) have been receiving rations of 80 percent or less than the minimum standard required to meet their needs (UNHCR, 2020). The re-prioritisation of resources due to the demands of COVID-19 may further exacerbate this situation.

The initial recovery measures in fragile and conflict-affected states have been minimal or non-existent. Seven fragile/conflict-affected states had: no identified initial recovery measures (Eritrea and South Sudan); only support for the health sector (Libya); or only one measure beyond support for the health sector (Angola, Congo Republic, Liberia, and Sudan).

Countries facing food insecurity. Among the African countries that are at risk of further deterioration in food security is a specific group of hotspots that is especially concerning due to the scale, severity and trends of the existing food crises. In these fragile contexts, any further shocks could push a significant number of people into destitution and starvation. These emergencies require ongoing – and in some cases increased – access to the most vulnerable populations, together with urgent and at-scale humanitarian assistance to save lives and livelihoods. Countries especially at risk are:

- South Sudan: populations in some areas have fallen into catastrophe levels of acute food insecurity (IPC Phase 5), namely in parts of Jonglei State of South Sudan, where urgent at-scale action is now needed to stop likely widespread starvation and death, as well as a complete collapse of agricultural livelihood strategies and assets. Overall, the population in Crisis or worse (IPC Phase 3 or above) is projected to reach 7.2 million people during the April to July lean season. This includes 2.4 million people in Emergency (IPC Phase 4) and 108,000 people in Catastrophe (IPC Phase 5) conditions.
- Nigeria: in the northern conflict-affected areas, it is projected that for the lean season (June-August 2021) there was a further marked deterioration with people in emergency acute food insecurity (CH Phase 4) likely to almost double, rising to over 1.2 million. Most people with critical food insecurity are in Borno State, where some areas may be at risk of famine. In the next six months, Northern Nigeria is expected to face a marked deterioration of food security and nutrition, due to conflict and economic factors, aggravated by the secondary effects of COVID-19. About 13 million people were projected to be in high acute food insecurity (CH Phase 3 and 4) between June and August 2021, if no assistance is provided.
- Ethiopia: the conflict in Tigray is further aggravating worrisome food security projections that estimate about 2.6 million to be facing Emergency (IPC Phase 4) levels between January and June 2021. This results from a combination of conflict, macroeconomic challenges, weather extremes and desert locusts.
- Sudan: a deteriorating economic crisis – compounded by the socio-economic effects of COVID-19 – has resulted in exceptionally high food prices. Along with potential intercommunal clashes, these factors are expected to continue driving high levels of acute food insecurity in the country where 1.3 million people were already estimated to be in Emergency (IPC Phase 4) from October to December 2020.
- In addition, Zimbabwe and the CAR are also countries of concern. In Zimbabwe there are 3.4 million people with high acute food insecurity, and in CAR there are 2.3 million people.

Countries facing Multiple Risks. Further to COVID-19 pandemic, many African countries were affected by other concurrent and cascading calamities. In 2020, floods impacted over 1.7 million people in the Sahel. Since the beginning of 2021, flooding has affected 669,000 people in West and Central Africa. More than 400,000 inhabitants were forced to flee their homes after the eruption of the Nyiragongo volcano in DRC. In East and Southern Africa, from June to October 2020, at least 3.6 million people were impacted by floods or landslides. West Africa experienced floods and several coup d'états. Southern Africa has braced and continues to brace against devastating cyclones from the Indian ocean, while North Africa grappled with wildfires in the middle of the pandemic. Severe drought is also currently affecting several countries in the Horn of Africa such as Kenya, Somalia and Ethiopia. East Africa experienced the worst locust invasion in 70 years in 2020 and 2021. Climate change is cumulative and adds to the complexity of natural hazard outcomes that trigger disasters, significant loss of lives, and livelihoods and weaken vulnerable ecosystems and societies.

III. Recovery Measures

Chapter III begins by outlining strategic objectives to guide recovery strategies. Next, a menu of short and medium to longer-term policy and programmatic priorities are provided for use at the continental, and where possible, at regional and country-grouping levels. This guidance is then adjusted to consider worst, median and best-case scenarios. The recommendations support achievement of the Sustainable Development Goals and the African Union's Agenda 2063.

Strategic objectives

Recovery measures are designed to achieve the following strategic objectives:

- 6) Protect health and economic welfare by accelerating vaccination programs and supporting reforms in the health sector;
- 7) Tackle macroeconomic challenges that have been exacerbated by the pandemic by sustaining monetary and fiscal responses, resolving liquidity and debt issues and expanding international financing for development in Africa;
- 8) Safeguard human development by protecting against poverty, preventing food insecurity and hunger, reversing deprivations in health and education, leaving no one behind, and adopt an SDG Push approach to ensure the achievement of the SDGs by 2030;
- 9) Stimulate economic recovery by facilitating trade and commerce, addressing youth unemployment, expediting digitalisation of the economy; and
- 10) Address cross-cutting issues to ensure inclusive resilient recovery, including social protection, gender, disaster risk reduction, and greening the recovery.

Continental and Regional Priorities

These are very high-level priorities which the AUC and RECs can take action on and need to be implemented on the continental level. They also include measures that should be adapted and adopted by most African states, regardless of regional and other differences. Short-term recommendations are for the period 2022-23. The medium to longer-term recommendations are designed for implementation through 2030 and are particularly oriented to achievement of the SDGs.

Initial Recovery Measures

It is worth noting, however that all African governments employed different measures to accelerate initial recovery from the socio-economic impacts of COVID-19. In southern Africa, key measures included health sector support (9 countries); cash transfers and low-interest loans to low-income and other vulnerable groups (6 countries); deferred tax and other payments (6 countries); and credit and other support for MSMEs, informal enterprises and self-employed (5 countries).

In West Africa, initial recovery measures included: health sector support (15 countries); cash transfers and low-interest loans to low-income and other vulnerable groups (10 countries); food and other in-kind assistance to vulnerable groups (7 countries); credit and other support for MSMEs, informal enterprises and self-employed (7 countries); loan guarantees and subsidised lending (8 countries); and targeted sectoral support (agriculture, tourism, transport) (8 countries).

In Central Africa measures included: health sector support (9 countries); cash transfers and low-interest loans to low-income and other vulnerable groups (6 countries); and lowered or deferred tax and fee payments (7 countries). While in East Africa, initial recovery measures included health sector support (12 countries); lowered or deferred tax and fee payments (7 countries); and support for critical imports: lowered fees, duties and VAT; accelerated importation process (7 countries).

In North Africa, initial recovery measures extended to health sector support (5 countries); cash transfers and low-interest loans to low-income and other vulnerable groups (6 countries); increased unemployment benefits and/or targeted cash-for-work programs (3 countries); lowered or deferred tax and fee payments (3 countries); credit and other support for MSMEs, informal enterprises and self-employed (3 countries); and loan guarantees and subsidised lending (3 countries)

Health

International Monetary Fund estimates show if COVID-19 were to have a prolonged impact into the medium-term, it could reduce global GDP by a cumulative US\$5.3 trillion over the next five years relative to current projections. According to the IMF, the foremost policy priority is therefore to vaccinate at least 40 percent of the population in every country by end-2021 and 70 percent by mid-2022. However, in the case of Africa, only six out of 54 countries crossed the 40 percent vaccination mark by December 2021. There is, therefore, need to take urgent action on improving the efficacy of vaccine roll out programme across the continent.

In addition to above, COVID-19 has also exposed the vulnerability of the health-care systems across the continent. WHO stated that 40 percent of African countries reported disruptions to sexual, reproductive, maternal, new-born, child and adolescent health services due to the COVID-19 lockdowns. According to the PULSE-3 survey, 91 percent of countries reported some extent of disruption in at least one of essential health services (WHO, 2022). As such there is urgent need to increase investments that can reverse the current trends on health deprivation. The above will need to be supported with sustained investments and reforms in health systems and security and to better ready the continent to future pandemics and epidemics.

Recovery measures in the health sector will also have to be nuanced to reflect regional differences. For example, Southern Africa registered the highest number of cases (4.7 million) and deaths (over 117,000) from COVID-19, thus accounting for about half of the continent's cases and fatalities. North Africa recorded the second highest cases, while Central and West Africa recorded the least cases in the continent.

The roll out of vaccination programmes is progressing slowly resulting in a deep divergence between Africa and the rest of the world. With the exception of North Africa, the rollout in Africa remains the slowest in the world. Many essential frontline workers continue to work unprotected. Central Africa is the most lagged region where less than 8 percent of the total population (as of December 2021) is reported to be fully vaccinated. **Improving the efficacy of vaccination roll out programme** should be a priority in the **short-term**. At the same time, a survey by Africa Centres for Disease Control and Prevention in 15 African countries indicated **vaccine hesitancy** among the population (Africa CDC, 2020). About 25 percent of respondents believed that a vaccine would be unsafe and 18 percent believed that vaccines generally were not safe. Reasons for vaccine refusal also included a belief that COVID-19 does not exist, or its threat is exaggerated. Misinformation circulating in the media may have also amplified existing mistrust and suspicion around vaccines. One of the effects of the vaccine hesitancy may have led to the expiration of available doses in some countries²².

²²For example, more than 1 million vaccine doses were reported to have expired in Nigeria. <https://www.cbc.ca/news/health/nigeria-destroys-expired-covid-vaccines-1.6295131>

Africa CDC hopes the COVID 19 Vaccine Perceptions: A 15 country study (Africa CDC, 2021) findings would help guide the organisation, member states, and partners to optimise vaccine uptake on the continent.

The lack of supply of vaccines to Africa and inequitable distribution among the countries remains a critical concern for the continent. Vaccine hesitancy amongst some of the population has also slowed the vaccination rate. Without significant and upfront international assistance, and an effective region-wide vaccination roll-out effort, the near-term future may be one of repeated waves of infection such as the one originated by the Omicron variant. This will exact an ever-increasing toll on the lives and livelihoods of the region's most vulnerable, while also paralysing investment, productivity, and growth. Specifically in the short-term, improvements will require a continental-level effort to:

- I. Advocate locally, nationally and internationally for equitable access to COVID-19 vaccines. This includes leveraging existing initiatives, and calling for international support for the procurement and distribution of vaccines
- II. Establish updated national COVID-19 vaccine targets and plans which define the dose requirements and identify the financial and programmatic resource needs
- III. Monitor vaccine supply, demand and uptake carefully to improve agility and ability to adapt as needed to ensure continuity of immunisation services
- IV. Improve in-country supply chains and the distribution from the central to the regional and local levels, paying special attention to the cold chain. This will require improvements in health infrastructure and the training of staff
- V. Reorganise health systems to improve efficiency of immunisation service provision
- VI. Strengthen community engagement and participation to improve risk communication and build trust in the health system
- VII. Mobilise and empower communities, including through social media and community networks, to generate strong vaccine demand and address misinformation and misperceptions that contribute to vaccine hesitancy
- VIII. Monitor and report monthly on progress towards the COVID-19 vaccination goals

As noted above, COVID-19 has exposed the vulnerability of the healthcare systems across the continent. Efforts should be made in the short-term to accelerate the resumption of all essential health services to prevent an increase in morbidity and mortality rates in Africa, such as those associated with tuberculosis, malaria, HIV-AIDS, antenatal care. At the regional level, Eastern Africa has been the region most affected by disruptions in the diagnosis, screening and treatment of tuberculosis which left nearly 900,000 people at risk. East Africa also accounts for 46 percent of people living with HIV in the continent and facing huge disruptions in the HIV-AIDS prevention, testing, and treatment services leaving 11.5 million people at risk. Southern Africa is the second region most affected by the disruption to HIV prevention, testing, and treatment services which left 8.86 million people at risk. South Africa alone accounts for 7.8 million of people living with HIV in the region and therefore it is a country of high concern. In the short-term, there is need to review service delivery modalities and platforms to resume delivery of HIV prevention and treatment services to avoid the increase of infection and mortality rates associated with HIV-AIDS, especially for young women and key populations.

In addition, disruption in child immunisation services left 17 million and 12 million children in West and East Africa respectively under-vaccinated in the region and at risk of contracting diphtheria, tetanus, pertussis, measles, polio, malaria, and other preventable diseases. West

Africa also has the highest incidence of malaria (243 per 1,000 population at risk). The decrease in malaria treatment services affected significant numbers of people in the region, especially children since most malaria deaths occur in children under-five.

In the short-term, it is important to assess and address challenges in access to tuberculosis, HIV-AIDS and immunisation services as a priority and to kick-start of tuberculosis and HIV-AIDS related services and immunisation campaigns for children under-five. National governments and its partners should prioritise the resumption of immunisation and outreach campaigns for children under-five to prevent measles, tetanus, diphtheria, whooping cough, polio and other preventable diseases. There is also need to scale-up services for the prevention and treatment of malnutrition to prevent a further increase in deaths, delayed growth and impaired brain development. Short-term recovery efforts should also prioritise the restoration of sexual and reproductive health for women and girls while also adopting strong mechanisms to protect women and young girls from GBV and other harmful practices against women and girls.

In the medium to long-term, it will be necessary to ensure barrier-free access to health services more generally, strengthen health information systems, and invest in the health sector workforce to expand health service delivery. In the long-run, recovery measures should enhance the provision of health care, including mental health and psychological support, and water, sanitation and hygiene (WASH) services for refugees, migrants, and IDPs. It is also important to ensure universal access to health care and adequate care and treatment services for older people such as for mental health, palliative, and geriatric care services.

In the medium to long-term, Africa needs to augment healthcare capacities, build hospital infrastructure, and promote pharma/vaccine/equipment manufacturing. Training of doctors, nurses, paramedics and medical staff are needed. Recommendations are to:

- I. Evaluate progress towards the COVID-19 vaccination goals, and based on this information and any other emerging evidence, revise vaccination goals, strategies and policies as needed
- II. Address key research, policy, safety and regulatory issues that will optimise vaccine impact including effective supply, dosing and vaccine schedules, mixing and matching of products, protection against variants, and other issues.
- III. Invest in sub-national, national, regional and Pan-African public health institutions to build technical capacity on the continent
- IV. Strengthen health information management systems and data platforms, ensuring that they are context-appropriate. This will also require efforts to improve data quantity, including collection of disaggregated data, coverage, quality and frequency as well as the capacity to use and manage health sector data
- V. Develop and strengthen regional and Pan-African health information systems and data sharing
- VI. Engage in Pan-African and global partnerships to scale-up vaccine manufacturing in Africa, advocating for international support on technical, financial and human resources
- VII. Bolster investments in science, technology and mathematics (STEM) particularly for women and girls, in research, development and innovation, and strengthen local manufacturing capacity for diagnostics, vaccines, and therapeutics. In addition, governments must reduce barriers to health innovation and actively support African researchers and centres involved in the sciences.

- VIII. Increase investments in supply chain and distribution infrastructure at all levels, to improve and streamline existing networks which are often complex, fragmented and therefore inefficient
- IX. Invest in the primary health system and build the capacity of community-based workforce to facilitate community engagement in health planning and delivery, and improve service delivery at the community level

To sustain the recommendations above and to build resilience of health systems, the focus should be on implementing reforms which strengthen the health system, improve universal health coverage and ensure that the system is able to meet the current and future needs of the population. Specifically, efforts should be made to: 1) expand universal health coverage and ensure access to services for all without the risk of financial hardship; 2) optimise and improve the efficiency of health service delivery; 3) strengthen the primary health care system; and 4) address pre-existing inequities and inequality.

When it comes to strengthening **health security**, African countries should leverage the current response to strengthen preparedness against future threats and health systems towards resilience by documenting the lessons learned. This should be complemented by investments in essential public health functions including those needed for all-hazards emergency risk management, review and update their current emergency preparedness and response strategies and plans and establishment of emergency operation structures and mechanisms to manage disease outbreaks, epidemics and pandemics. African countries should also strengthen surveillance and data and information systems to improve emergency planning and strengthen its community health workforce capacity to improve surveillance and support the response. The African Union and the RECs also have a key role to play in strengthening regional, national and subnational epidemic and pandemic prevention, preparedness, surveillance and response capacities; and in establishing strategic partnerships and clear, integrated subnational, national, and regional decision-making structures to support and coordinate surveillance, improve preparedness and increase the efficiency of response to future emergencies.

Macroeconomic challenges

Develop strategies to sustain monetary and fiscal responses towards economic recovery. In the short-term,

policymakers should continue fiscal and monetary support until economic recovery is realised. Policymakers must counter the pandemic's impact with effective macroeconomic management through appropriate monetary, fiscal, and financial policies. While central banks continue to boost liquidity through monetary policy easing, inflation expectations should continue to be controlled to avert any instability that could worsen the pandemic's adverse economic impact. When recovery is attained, governments should develop strategies to restore debt and fiscal sustainability. If necessary, policymakers should seek international support through bilateral and multilateral grants and concessional loans to support the recovery process. Although these support programs are likely to lead to a further build-up of debt, policymakers should prepare for debt restructuring and resolution through macro-prudential vigilance to avoid systemic risk.

Maintain and expand cash transfers. As a critical component of national social protection systems, cash transfers should be at the centre of the crisis response and recovery plans in Africa. As well established, cash transfers, especially unconditional programs, will have many direct and indirect positive impacts on well-being including food security and better access to essential services. They can generate strong economic and social returns, including preventing or minimising most of the well-being risks facing poor households. Cash transfers should be gender responsive, taking into consideration the challenges of lost incomes unique to women.

For instance, women spend their incomes on children and household expenses. To respond to this reality, a dual system of cash transfers could be put in place, one providing for unemployed adults, and another providing support to children in a household. In parallel, employment opportunities are important to recover people's livelihoods and enable them to get back on their feet.

BOX 3.1: The scope for consolidating cash transfers in Equatorial Guinea

Social protection in Equatorial Guinea is dominated by employment-related social insurance inherited and updated from the colonial period, that covers mainly civil servants and military personnel. When COVID-19 arrived in March 2020 no social assistance programmes were in place, and Equatorial Guinea was classified by the WHO among the world's least prepared countries. Development partners, led by the United Nations Country Team (UNCT), supported the drafting of an Emergency Plan – including social protection and food security responses – and fundraising efforts.

An assessment of the socio-economic impact of COVID-19 highlighted the urgent need for digitalisation, as citizens currently need to go to government agencies to receive and pay for essential services. This made it impossible for the government to deliver emergency cash transfers during the period of stay-at-home regulations. The assessment report recommended developing state capacity for digital payments (UNDP, 2020).

Equatorial Guinea imports 80 percent of its food. Border closures and restrictions on mobility and transport due to COVID-19 constrained imports of food and agricultural inputs and triggered food price rises (23 percent in 3 months) which undermined food security of low-income households. The government delivered food baskets to 12,000 households under the Public Social Guarantees Programme.

Overall, the social protection response to COVID-19 was limited and inadequate. Urgent actions are needed to strengthen Equatorial Guinea's social protection system, such as introducing social assistance schemes for poor and vulnerable groups, passing a social protection law (already drafted), establishing a Single Registry, and building institutional capacity to deliver policies and programmes (UNDP, 2020).

In the medium to long-term, African countries should **address liquidity and debt sustainability issues using international debt initiatives**. Before the COVID-19 pandemic, some African countries have been battling with large amounts of debt. It has exacerbated debt vulnerabilities in many of such countries and it is leading to unsustainable debt which is hindering growth and development. Policymakers can adopt policies to inject liquidity into the economy to improve fiscal space so that countries can use these resources to revive their economies. Some policies that can be adopted include, the Debt Service Suspension Initiative (DSSI), and Common Framework for Treatments beyond the DSSI, the Sustainable Development Finance Policy (SDFP), and the issuance and use of Special Drawing Rights (SDRs). The first two policies specifically address debt standstills and relief in response to the COVID-19 shock. The latter two options are designed to enhance debt sustainability and debt relief.

Human Development²³

The COVID-19 pandemic threatens to affect low and medium human development countries -most of which are on the African continent- disproportionately with potentially devastating impacts on the three dimensions of the Human Development Index – health, education and standard of living, including through socio-economic effects of the virus for the months and years to come. In this regard, leaving no one behind during the recovery from COVID-19 will require that all policies, strategies and specific recovery interventions always give priority to the vulnerable population groups identified in the human impact analysis of the Situational Assessment (Chapter 2). In this regard, recovery efforts should target households which fell into extreme poverty, women and girls, children and youth, the elderly, people with disabilities, refugees and IDPs, among other vulnerable groups.

Protecting against poverty. Over the short to medium timeframe, it is recommended that African countries expand social protection including cash transfers to people living below the poverty line with priority to the 30.4 million people who fell into extreme poverty as a result of the crisis. This measure should be complemented with creating employment and income opportunities with priority to the most affected and vulnerable population groups. In the long-run, governments should design a comprehensive policy and strategy to prevent the further increase in extreme poverty that is being projected for the next nine years. Such a poverty reduction policy and strategy should include bold actions that tackle the multiple dimensions of poverty (e.g., income poverty and deprivations in access to essential services), that address the multiple drivers of poverty (such as conflict, natural hazards and climate change), and that give priority to countries where extreme poverty has increased significantly as a result of the crisis, as well as where it is persistent and highly concentrated.

Measures to protect against poverty needs to be nuanced based on the region. South Sudan, Somalia and Madagascar in East Africa, and Burundi, CAR and DRC in Central Africa are expected to be among the top ten countries in Africa with the highest poverty rate by 2023, (\$1.90 per capita/day). The two regions also have three of the top ten countries in Africa with the highest percent of children living in poverty (South Sudan, Burundi, and Rwanda). Burundi, CAR and DRC also have among the highest percent of children living in poverty. In these regions, social protection programmes should be scaled up including cash transfers, targeting the population living in poverty and giving priority to vulnerable households. In parallel, they should receive support from employment programmes and other income-generating opportunities. Investments should also be made towards improving access to basic services and resilient employment programmes and other income-generating opportunities. Furthermore, technology and finance should be leveraged to create economic empowerment to reach SDG-1.

Preventing food insecurity and hunger. Even before COVID-19 there were serious concerns about the food security situation in West, Central and East Africa. COVID-19, combined with other shocks has further reduced incomes and disrupted supply chains leading to increased food insecurity and malnutrition across the continent. In the short-term, national governments and its partners must scale-up food and nutrition assistance to meet the essential needs of those furthest behind, by overcoming food access challenges, expanding social protection including cash transfers, and treating malnutrition.

²³The analysis of human development aspects on health, social protection, and employment are provided under Health sector analysis above; in youth employment below (under economic recovery) and social protection below (under cross-cutting sector)

The life-saving food assistance should prioritise people at the risk of or facing starvation while ensuring that children are not left behind, by supporting the millions of children left without access to school meals. Priority should also be given to vulnerable population groups, such as refugees and other forcibly displaced populations, older persons, people living with HIV, and people with disabilities. At the national and regional levels, governments, RECs and development partners should put in place funding arrangements, digital platforms and contingency plans for harmonised humanitarian relief and social protection

In addition to food assistance, recovery efforts should provide inputs for production of crops, livestock and fisheries to small-scale producers so that they can weather the immediate effects of the economic crisis and improve food security. These should be complemented by education on the nutritional implication of the various food items such as egg, milk, soybean and fish, especially for children to increase their protein intake and boost their immune system against COVID-19. Actions to address food insecurity should invest in sustainable irrigation systems and water supply in marginalised communities in rural and dense urban areas. In the long-run, recovery efforts should focus on accelerating and sustaining investments in resilient livelihoods and food self-sufficiency while addressing the structural causes and drivers of food insecurity in Africa, to ensure the achievement of SDG-2. These investments will need to be tailored to the particular context and needs of each sub-region and/or country, including due considerations for urban and rural populations, specific constraints such as food supply chains or access to markets, employment opportunities, conflict, gender, among others. At a policy level, African governments should develop strong policies for agri-food resilience including strengthening supply chains, domestic markets and food safety systems.

At the regional level, recovery on food insecurity should focus on East Africa and West Africa. East Africa had the largest number of undernourished people in Africa with more than 125 million in 2020 and had the second highest Prevalence of Undernourishment at 28 percent. While West Africa has the second largest number of undernourished people in Africa with over 75 million in 2020; followed by Central Africa with 57 million people facing hunger.

In these regions, it is necessary to scale-up food and nutrition assistance, by addressing food access challenges, expanding cash transfers, and treating malnutrition. Priority should be given to lifesaving food assistance to people at risk of facing famine-like conditions, especially in countries where people are already suffering from catastrophic levels of hunger or where they are projected to face starvation, such as the hunger hotspots in South Sudan, Ethiopia and Sudan in East Africa, and Nigeria in West Africa and DRC in Central Africa where people are projected to be in high acute food insecurity. It is also urgent to address malnutrition in priority countries with the highest burden of malnutrition, namely Ethiopia, Somalia, South Sudan, and Sudan (four countries where 10 million acutely malnourished children are estimated in 2021). As a medium to long-term measure, humanitarian measures should be linked with longer-term interventions that address the structural causes and drivers of food insecurity in the region, promote resilient livelihoods, and ensure the achievement of SDG-2.

Gaining ground on lost education. Preliminary estimates show that in 2021, 4.3 million students, from pre-primary to tertiary education across Africa, were at risk of dropping out of school or not enrolling at all due to the economic shocks brought by COVID-19. At the regional level, Eastern Africa had the largest duration of school closures, with an average of 146 days of full school closure between March 2020 and September 2021 and had around 60 percent of their student population missing more than half of classroom instruction time in 2020. In addition, between East and Southern Africa, 67 million students could not be reached by digital and broadcast remote learning policies.

In order to gain lost ground on education, there is need to launch school reopening schemes that incentivise coming back to school, e.g. waiving school fees and other school costs in the short-term. Safeguard schools as critical points to access vital services like counselling, school feeding schemes, and general information; therefore, vital service points located in schools should be reopened. Governments and development partners should especially focus on children most excluded, including children with disabilities, children living in poverty, refugees and IDPs' children, children who work, children in rural areas, and paying particular attention to girls within these groups. All recovery efforts within this sector should also prioritise access to learning opportunities for all children, adolescent girls and boys. These measures will be even more critical for Eastern Africa where, before COVID-19, the region had 28 percent of children and youth out of school, which is the highest proportion across the continent.

Digital literacy for both students and teachers is increasingly recognized as an indispensable element of children's right to education. In the medium to long-term, therefore, investments in digital literacy will be critical in ensuring children have access to reliable, accessible and affordable Internet services. Measures should be put in place to enable remote learning especially for children living in rural areas. In addition, governments should perform due diligence to ensure that any technology they recommend for online learning protects children's privacy rights. Over the longer term, governments should institute data protection laws for children. At the continental level, the AUC should encourage and monitor progress on the allocation of education national budgets under the AU commitment of 20 percent.

Recovery interventions in education should also be linked the expansion of Technical, Vocational, Education and Training (TVET) opportunities and creating linkages between the labour market and education and training systems. Building inclusive digital skills and human capacity development program across the digital science, technology, and education and designing digital transformation plans to leverage ICT will also be critical in advancing quality and equity of education and lifelong opportunities for all.

Achieving the Sustainable Development Goals in Africa. Given that most African countries have suffered a significant setback and will continue to face major challenges in meeting most of the 17 SDGs, and the seven Aspirations, especially in light of the continuation of the crisis, it is imperative that policy driven actions that accelerate the achievement of these goals be extensive and intensive. Below are proposals for pushing forward the SDGs and Agenda 2063 Aspirations and its goals.

1) Give top priority to Agenda 2063 Goals 4, 5, 6 and 8, and SDGs 1, 2 and 3: Give special urgent attention and priority to the four Agenda 2063 and three SDG goals that are currently facing the greatest challenges in Africa. These are Agenda 2063 Goal 4 (Transformed economies and job creation) Goal 5 (Modern Agriculture and increased productivity and production), Goal 6 (Blue economy for accelerated economic growth), Goal 8 (United Africa) and SDG 3 (good health and wellbeing), SDG 2 (zero hunger), and SDG 1 (no poverty).

2) Focus on six SDG transformations: In relation to Africa's SDGs collectively, focus attention on the following Six Major Transformations as a strategy to achieve the targets, as proposed by the Sustainable Development Report 2021 (Sachs et al., 2021). At the core of these is the recognition that all 17 SDGs can be achieved through these six major societal transformations, which can inform a sustainable, inclusive, and resilient recovery for Africa. Yet the financing needs for these SDG investments are far greater than the fiscal space available to the governments of low-income developing countries (LIDCs).

To achieve the SDGs, the LIDCs will need a significant increase in fiscal space, which will require a combination of domestic and global fiscal policies. The six SDG transformation are:

Transformation 1 -Education, gender and inequality

Transformation 2 -Health, well-being and demography

Transformation 3 -Energy decarbonisation and sustainable industry

Transformation 4 -Sustainable food, land, water and oceans

Transformation 5 -Sustainable cities and communities

Transformation 6 -Digital revolution for sustainable development.

3) Move beyond recovery and adopt an SDG Push: Consider what is required to move Beyond Recovery and an SDG Push to accelerate progress. To move Beyond Recovery attention can be given to four areas of response: 1) Governance (building a new social contract), 2) Social protection (uprooting inequalities), 3) Green economy (rebalancing nature, climate, economy), and 4) Digital disruption and innovation (for speed and scale). The SDG Push means adopting bold actions across those four arenas to advance human development in Africa. It should be an integrated push toward improved development and SDG achievement despite the COVID crisis, with ambitious yet achievable policies (Pardee and UNDP, 2021).

Establish an Africa funding facility. Given the economic impact of the crisis on Africa and domestic funding constraints, external resources are needed to address macroeconomic challenges and protect poor households. A global funding facility could help reduce Africa's debt burden, support the scaling of national cash transfer programs and strengthen social protection systems. In addition, the facility can support governments to significantly increase investments in basic social services, including child protection, education, health, nutrition, and water and sanitation. The investment objective would be to develop human capital, rather than physical capital. Operationally, it could take the form of a funding facility overseen by one or more regional and/or global institutions. The necessary funding could be obtained, especially from the G20, through the official development assistance commitments under SDG target 17.2 (0.7 percent of gross national income). An example of such an initiative is the proposed Africa Solidarity Funding Mechanism (see Box 5.3).

Economic recovery

Facilitate trade and commerce. This can be achieved throughout Africa by short and medium to long-term measures to: (a) operationalise AfCFTA and harmonise rules; (b) accelerate trade under regional agreements; and (c) ease informal cross-border trade and address the myriad of tariff barriers that hinder Africa from trading with itself. Detailed measures are set out in Annex 3.

Address youth unemployment. The African continent has the youngest and fastest growing population in the world, which brings an enormous potential for social and economic development. It is imperative that recovery efforts give a special attention to youth unemployment.

BOX 3.2: The N-Power Program of Nigeria is designed to prepare young Nigerians for a modern, globalised economy by helping equip youths with skills and certifications for emerging global markets. It addresses the issue of youth unemployment and aims to increase social development. The Nigerian Government had planned to increase its investment on the N-Power program in 2021 to boost job creation and stimulate innovation. It has enrolled 450,000 N-Power volunteers and trained/mentored 54,000 non-graduate beneficiaries. The estimated cost of the project is US\$485 million.

SOURCES: Government of Nigeria, 2021 and Premium Times, 2021

The most important labour market issues in Africa are slow employment growth, low quality of jobs, high unemployment and high Not in Employment Education and Training (NEET) rates among youths. Short-term measures include: extending income support measures and social protection coverage including unemployment benefits to vulnerable youths, particularly young women; equipping youths with the right skills and promoting entrepreneurship training among youths to stimulate employment in new sectors. An enabling environment consisting of social networks, mentors, finance and technology can be effective in promoting youth entrepreneurship; and promoting labour demand and employment by supporting the private sector, especially MSMEs. Medium to long-term measures include: developing comprehensive employment policies to promote good quality jobs among youth; identifying employment growth opportunities for young women and vulnerable youth through sectoral development policies. Focusing on TVET policies and necessary actions could increase prospects of youth employment; and identifying supply and demand gaps and designing human capital development policies to match supply with demand.

BOX 3.3: Targeting youth and other vulnerable groups in Kenya

Kenya entered the COVID-19 lockdown period with an established and well-functioning National Safety Net Programme (NSNP) in place, which was mobilised by the Ministry of Labour and Social Protection to deliver financial assistance to mitigate the adverse economic effects of COVID-19, through both vertical and horizontal expansion. One million beneficiaries of the Inua Jamii programme received a cash transfer top-up, and 3 million new beneficiaries were added to the NSNP list. Women, orphans, older persons (300,000 new recipients of the social pension) and other vulnerable individuals were targeted to receive this temporary additional support.

Kenya was one of only a few countries to launch a new public works programme as a COVID-19 response – other countries suspended public works activities due to concerns about social distancing. The Kazi Mtaani ('Jobs in the Neighbourhood') programme offered temporary employment to 26,000 unemployed youth to undertake slum cleaning work in informal settlements in Nairobi and other urban centres. The government quickly scaled up the programme to 283,000 workers nationwide. The daily wage of US\$6/day was paid through M-PESA, a mobile money platform with 25 million users in Kenya.

Financial assistance was also targeted to vulnerable workers. Frontline health workers were paid a risk allowance. Artists and other creatives received compensation payments from the Ministry of ICT, Innovation and Youth Affairs through the Kenya Copyright Board, when they were unable to work. Low-income taxpayers and SMEs received tax relief. Other measures included a reduction in VAT from 16 to 14 percent, and a waiver of charges for mobile money transactions until December 2020.

SOURCE: Gikandi, 2020

Eco-restoration works as a recovery measure: also supports livelihoods for the deeply affected.**BOX 3.4:** Ecosystem restoration in South Africa

The South African Department of Environmental Affairs (DEA) estimates ecosystem restoration can create 140,000 jobs for the rural poor in the country. Such investments could also increase income streams generated by rural landscapes by increasing livestock production and water supply from rivers and aquifers. Additional benefits may include reductions in flooding impacts, greater resilience of communities to droughts and reduced damages from fires. Based on current expenditure patterns in relevant programmes of the South African DEA, it is estimated that annual investments of ZAR10 – ZAR14 billion over the next 15–25 years will be required to maximise benefits from ecosystem restoration across the country leading to job creation. The present annual shortfall of approximately ZAR 8 – ZAR10 billion needs to be raised for investments in ecosystem restoration to assist the country in recovering from the COVID-19 economic crisis.

The entire amount required for eco-restoration nationally may be difficult to fund through public sources only. However, the component of public expenditure can be used to catalyse private sector investments in ecosystem restoration thereby creating jobs in the private sector and thereby sustaining long-term jobs.

SOURCE: UNDP, 2020a

One of the objectives of short-to-medium term job generation of the affected workforce can be met by extending public works to cover eco-restoration programmes, reclaiming degraded land, afforestation, taking bio-diversity improvement measures, and implementation of other programmes aligned to Bonn Challenge, Kigali Declaration, Lilongwe call for action (Bonn Challenge, 2017). The restoration of ecosystems can, not only contribute to achieving SDG goals, but create jobs and new income streams for youth, women and men of rural areas losing their livelihoods during COVID-19 times.

Support MSMEs growth programs: linked to value chains, technology adoption, and livelihoods. The pandemic is leaving a deep impact on the MSMEs and their workforces. The pathway to Africa's resilient recovery is closely linked to the recovery of the MSMEs which represent 90 percent of the businesses on the continent and employ about 60 percent of the workers (UNCTAD, 2018). A large part of the MSMEs in Africa are small scale, necessity driven and informal with a stunted life cycle, low productivity in labour intensive sectors and a low incidence of innovation. Recovery measures to support the MSMEs thus need to be envisaged as a continuum where implementation begins in the short-term but then transitions into the medium and long-term. Detailed recommendations for priority sectors (artisanal and small-scale mining, tourism, light manufacturing, and transport services) are presented in Annex 3. National planning exercises by each AU Member State can identify more such possibilities in their respective economies. An example of successful MSME support in Cabo Verde is offered in Box 3.5.

BOX 3.5: Focusing on MSMEs in Cabo Verde

The Cabo Verde economy contracted by 15 percent in 2020, the second largest COVID-19 impact in Africa, caused mainly by a 9-month shutdown of the tourism sector – hospitality and restaurants contracted by 71 percent – which contributed to pushing almost 20 percent of the population into poverty. Income inequality increased as the lowest decile lost half their income while incomes in the top decile fell by 10-15 percent. Containment measures were enforced more stringently than the global average. Women were severely affected, since they work predominantly in the informal and tourism sectors and as domestic workers. Tax revenues declined, increasing the fiscal deficit and government debt precisely when increased social spending was needed (World Bank, 2021b).

Nonetheless, the government implemented mitigation measures. The existing social protection project was scaled-up both vertically, by increasing cash transfers to 8,000 beneficiaries by 10 percent each month, and horizontally, by registering an additional 24,000 people for emergency cash transfers, especially domestic workers and informal workers in MSMEs. Food assistance was also provided to 22,500 families. The government also postponed pension fund contributions, and debt repayments on bank loans, for three months.

An estimated 12,300 jobs were protected with credit guarantees to companies, including MSMEs, and approximately 32,000 layoffs were prevented when the government underwrote labour contracts. Overall, these measures were well implemented and provided crucial support to livelihoods, household incomes and food security during the most difficult months of the pandemic.

A large population in the countries spanning along the Congo basin are dependent on **non-timber forest produce (NTFPs)** for their livelihood. The NTFP value chains are a collective of harvesters, processors, and retailers to consumers worldwide. Movement restrictions

and measures to curb the spread of COVID-19 have had negative outcomes for communities dependent on forest for their livelihood as well as Small and Medium Forest Enterprises (SMFEs) connected to NTFP value chains.

In the short-term, national governments and partners should support businesses to take their businesses online and help them to find new markets and selling opportunities. For low-income primary commodity exporting countries, it is recommended that in the short-term they capitalise on existing export opportunities by exporting some related specialised products. For example, the World Bank recommends that the Central African Republic can continue exporting specialised products related to cotton and timber over which they have a comparative advantage (World Bank, 2020c). This will enable them to create new jobs and generate additional revenue, a much-needed boost to counter the COVID-19 induced economic slump. There is also a need to partner with civil society, private sector and forest communities in providing micro loans to SMFEs to support their recovery. Special focus needs to be on women in forest dependent communities to respond to their immediate economic issues and more effectively to their social and healthcare needs. These measures should be complemented by increase in effective forest management to ensure sustainability.

In the medium to long-term, National Forest Financing Strategies (NFFS) should be adopted as an integral part of the national COVID-19 recovery plans which can be incorporated under the Integrated National Financing Frameworks (INFF). Encourage private investment in sustainable forest management, supported by regulatory framework that balances commercialisation and green management practises. These should be complemented by educating forest communities about their rights and legal obligations, building business and marketing skills, and training forest enterprises in packaging that can make a major difference to price, quality and minimises damage while transporting. Long -term recover should also include investments in modern equipment and storage techniques and transport infrastructure, which can boost production and speed processing time and facilitate trade. Digitalisation would also be critical to facilitate real time data collection on forests, forest monitoring and production and to also control illegal trade in forests.

Expedite digitalisation of the economy. The UN Broadband Commission for Sustainable Development estimates that an additional US\$109 billion investment is required to achieve universal, affordable, and good quality broadband internet access by 2030 (UNESCO, 2019). A strong roadmap for African digitalisation backed by blended financing from the private sector, government and international development partners, needs to be prepared. Short-term measures include lowering digital transaction costs and ensuring affordability, adopting financial technologies, bridging the gender digital divide through increase access and literacy, and closing the digital gap for micro-enterprises. Medium to long-term priorities include strengthening e-Health and e-Education, improving the digital skills of users and boosting nascent demand for digital services, promoting new models of digital infrastructure investment, pursuing the AU's Digital Transformation Strategy, and expanding fibre-optic networks. Details of these measures can be found in Annex 3.

Harness the Blue Economy potential. Fisheries and aquaculture are key sectors of the blue economy which roughly contributes about 1.4 percent of African GDP (AUDA-NEPAD, 2021). The sector provides food and nutrition to the poor and is a source of employment to over 12 million people in Africa. Detailed recovery measures have been formulated to address short, intermediate and long-term COVID-19 economic recovery needs and are presented in Annex 3. Several examples of good practices to develop the Blue Economy in Africa are presented in Box 3.6.

BOX 3.6: Reference programmes for improving fisheries in Africa

The Program for Improving Fisheries Governance and Blue Economy Trade Corridors (PROFISHBLUE) covers sixteen countries in the Southern African Development Community (SADC). The PROFISHBLUE comprises large marine systems as well as several transboundary rivers and lakes in the interior areas. The project was identified in May 2015. A policy dialogue with SADC Member States, officials of Fisheries and Aquaculture was held between November – December 2020 on investment areas and development gaps for Banks support and an appraisal mission was conducted in June 2021. The Go Blue Initiative was launched by the Ministry of Devolution and the Blue Economy Secretariat Kenya on 25 March 2021. The four-year programme aims to protect Kenya’s coastal ecosystems while creating environmentally friendly jobs in a host of industries, including recycling, tourism and small-scale fishing. It is designed to foster a “sustainable blue economy” in six coastal counties and generate more than 3,000 jobs for youth and women alone. Go Blue has received 25 million euros funding from the European Union. The initiative is also supported by the United Nations Environment Programme (UNEP) and the UN-Habitat.

The overall objective of the West Africa Regional Fisheries Program (WARF-P) funded by the World Bank and other partners is to sustainably increase the overall wealth generated by the exploitation of the marine fisheries resources of West Africa. The program covers nine countries, which include: Cabo Verde, Liberia, the Gambia, Ghana, Guinea Bissau, Guinea, Mauritania, Senegal and Sierra Leone. The WARFP member countries are grouped according to the project series which represents the order of implementation. The Phase indicates the time period corresponding to each series. The first series ‘Series A’ was launched in 2010. Each phase will be about five years, and three phases are envisaged for each country. The entire time span for the WARFP program is about 15 years per country.

SOURCE for Box 3.6: World Bank 2020d

Promote horticulture value chains. Horticulture needs to be prioritised for agricultural transformation and address nutritional requirements of the African population. The sector employs a large number of people, particularly women, and has a Pan-Africa potential. COVID-19 has had an immediate impact on the horticulture sector with a sharp decline in production and income, diminished markets, and a lack of resources to purchase supplies for the next season. Some governments did respond by providing cash incentives, but there is a need to focus on infrastructure provisioning and capacity building, both of which would play a major role in the recovery of horticultural value chains. There is great scope for increasing productivity and value addition in horticulture. SMEs have the opportunity to generate income and create jobs by participating and upgrading in horticultural value chains, catering to demand both within the continent and outside. Detailed measures are presented in Annex 3.

Address power deficits in underserved areas and communities: off-grid solar powered solutions. Most of the African countries (such as South Sudan, Chad, Burundi, Malawi and Liberia) are energy deficient and have chronic power shortages. However, improving investing in renewable energy would accelerate short-term recovery from COVID-19, while creating resilient and inclusive economies and societies across Africa. Appropriate policy and programmatic measures need to be initiated by the respective Member States to reform their respective power sectors, and the regional power pools need to be strengthened to address these acute deficits, without which the economic recovery will be constrained.

This study focused to outline a possible programmatic intervention that would help holistically address this issue in a set of countries that have been severely impacted by the pandemic and stand the risk of being left behind.

Priority for special and integrated interventions based on off-grid solar power in Central Africa. Among the five regions, the Central African countries rank relatively lower on electricity access to its population, Human Development Index (UNDP, 2019a), internet penetration and have higher levels of poverty. As access to electricity in these countries remains woefully low, it is a major impediment to kick-start the economic growth engine. Thus, there is an urgent need to implement special and integrated off-grid interventions in these countries (including the energy deficient countries mentioned above) to holistically address COVID-19 recovery needs of the households, communities and enterprises. Endowed with substantial solar energy resources, these countries can prioritise adoption of innovative off-grid solar power solutions to support the underserved communities and help them install small equipment to start operating their micro-and small-enterprises, thereby re-starting the ground-stalled engines of the economy.

One such initiative is the Kenya Off-grid Solar Access Project (KOSAP) for US\$150 million aims to increase access to modern energy services in underserved counties of Kenya. The project aims to expand mini-grids for community facilities, enterprises, and households; stand-alone solar systems and clean cooking solutions for households, stand-alone solar systems and solar water pumps for community facilities, implementation of support and capacity building. The KOSAP is a reference project that can be adapted to suit respective national conditions. The design and implementation of the intervention would vary for each shortlisted country (World Bank, 2021c).

Cross-cutting Issues

Social protection. Social protection proved its value during 2020 by keeping thousands of vulnerable people out of extreme poverty, however, the pandemic also exposed its limitations. Social protection and safety nets have a critical role to play resilient recovery in both the short and long-term. In the short-term, expand the coverage (especially to informal workers and other excluded groups), increase the benefits (and ensure payments are index-linked to inflation), and enhance the shock-responsiveness of social protection programmes (by linking social assistance and humanitarian relief mechanisms), with the goal of ultimately achieving universal coverage of poor and vulnerable populations (households that have fallen into extreme poverty, people with disabilities, poor women, the elderly, refugees and IDPs). An example of this approach from Ethiopia is provided in Box 3.7. Investing in social protection would not assist in poverty alleviation for marginalised communities but would also cushion these households against the impact of future shocks.

BOX 3.7: Scaling up safety nets in Ethiopia

Ethiopia's COVID-19 National Emergency Response Plan estimated that 30 million people would face food gaps in 2020, and it announced a comprehensive package of "cash transfers, government subsidies, and tax relief to support citizens and businesses most affected by the crisis" (FDRE, 2020: 4), as well as three months of emergency food distribution to 15 million people.

Despite being a low-income country, Ethiopia had a sizable safety net in place pre-COVID-19, with 6 million people already receiving humanitarian relief and 8 million beneficiaries of the Productive Safety Net Programme (PSNP). Ethiopia was well positioned to implement a shock-responsive scale-up, with contingency financing in place, ongoing shifts from food to cash transfers and from manual to electronic delivery, and efforts underway to harmonise humanitarian relief and social protection programming.

The rural PSNP is dominated by public works that provides temporary employment on community infrastructure projects. To comply with social distancing, the work requirement was suspended but payments continued, with lump-sum payments to assist beneficiaries to meet their critical food needs.

The urban PSNP supported 600,000 people in 11 cities in 2020. A 'vertical expansion' delivered cash transfer top-ups to existing beneficiaries, and a 'horizontal expansion' registered new households in 16 new towns who also received unconditional cash transfers. Payments were enough to purchase 2,100 calories per person per day for six months. The scale-up was implemented rapidly and efficiently by applying shock-responsive principles – using existing PSNP targeting, registration and payment systems.

A survey of 2,600 rural households found evidence that the COVID-adjusted PSNP provided effective protection against the economic impacts of COVID-19. PSNP participants experienced very little increase in food insecurity and adopted few damaging coping strategies, whereas non-PSNP households faced significant increases in food insecurity and adopted damaging coping strategies such as cutting their spending on healthcare and education (Abay et al., 2021).

In the medium-long term, recovery efforts should strengthen national social protection systems, by drafting or updating National Social Protection Policies and Social Protection Laws, transitioning towards digitalisation of processes (e.g. mobile money payments, computer-based beneficiary registries), and establishing efficient institutions that deliver social assistance and social insurance on a rights basis to all citizens and residents.

At the regional level, countries in East Africa need to consolidate, in the short-term, the gains made during COVID-19 in terms of establishing new or expanded cash transfers and food assistance programmes for vulnerable groups, especially in urban areas given the traditional focus on rural food insecurity in the Horn of Africa. Public works programmes, which are popular in this region, should be redesigned to build household and community resilience against climate change and livelihood shocks. Given the high prevalence of disasters, conflict and insecurity in this region, medium to long-term priority must be given to harmonisation of humanitarian relief and developmental social protection mechanisms, including strengthening shock-responsive capacities for rapid scale-up during future crises.

Almost all countries in West Africa (14 of 15) delivered new or expanded cash transfers as a COVID-19 response. In the short-term, newly identified categories of vulnerable beneficiaries – including informal workers, domestic workers, and smallholder farmers – should remain included in social protection systems even after the COVID-19 crisis recedes. The temporary suspension of utility bills, also a popular COVID-19 response in this region, should be used by governments as a regular instrument of social protection policy for low-income groups and in future crises. In the medium to long-term, the Central Bank of West African States (BCEAO) facilitated free or subsidised opening of mobile money accounts and payments of electronic transfers during COVID-19 in at least eight West African countries, and governments in other countries also subsidised these costs temporarily. To facilitate the use of mobile money for cash transfer payments, this facility should be made permanent for all social protection beneficiaries.

Since very few countries in Central Africa have established cash transfer programmes, social assistance during COVID-19 was delivered mainly in the form of food parcels and temporary suspension of utility bills for water, electricity, and rent. In the short-term, there is an urgent need for these countries to begin setting up regular social protection programmes, based on cash transfers where this is fiscally and administratively feasible, that can be rapidly scaled up during future crises. In the medium to long-term, the development of social protection systems in these countries needs to be underpinned by a National Social Protection Policy, updated if one already existed pre-COVID-19, with a costed and timetabled Implementation Plan, to ensure that this region closes the gap with other African regions and is delivering effective social protection to vulnerable citizens and residents by 2030.

Several countries in Southern Africa (e.g. Botswana and Eswatini) (Freeland et al., 2020) redesigned the institutional foundations of their social protection systems as a follow-up to their immediate COVID-19 responses, and South Africa is now considering converting its COVID-19 Social Relief of Distress grant into permanent Basic Income Support for 18-59-year-olds. In the short-term, the momentum behind initiatives such as these must be actively supported. In addition to extending entitlements to social protection to excluded groups (including migrants and refugees), countries in this region should work in the medium to long-term to harmonise social assistance and social insurance, with a focus on expanding coverage of unemployment insurance (especially to informal and self-employed workers) and health insurance.

In the short-term, North African countries with well-established social protection programmes (Algeria, Egypt and Morocco) must protect the gains made in terms of expanded benefits and inclusion of informal workers during the COVID-19 response. Countries with minimal social protection (Libya, Mauritania and Tunisia) must recognise the urgency of investing in establishing social protection policies, programmes and institutions to provide protection to vulnerable citizens and residents against both chronic poverty and future shocks. In the medium to long-term, countries with well-functioning social protection systems should move towards a rights-based approach by drafting their National Social Protection Policy and passing legislation that establishes eligibility criteria and accountability mechanisms in law. Other countries in the region should build their social protection systems as rapidly as is administratively and fiscally feasible, including by learning (study tours) from their neighbours.

Gender responsive recovery: COVID-19 continues to exacerbate social and economic inequalities in Africa, undermining women's economic security and resilience against shocks. COVID-19 has led to a spike of violence against women and girls and an increase in the burden of unpaid care work falling into women and girls. Yet, COVID-19 recovery presents an opportunity to shape a more sustainable, just and equal Africa. Potential gains from full and equitable participation of women in the labour market, and substantial gender equality in the labour market, is not just a fairness issue but is a good foundation for the national

economy. Countries that improve gender equality in labour markets through 2030 could see large gains in their economic growth as women constitute more than half the productive population. While women have been leading the COVID 19 response as healthcare workers and household first-responders, they are also underpaid, which should be addressed as part of recovery efforts.

That said, additional research is needed to track success factors and progress. Ensure availability of sex and age-disaggregated data and analysis for monitoring gender-related impacts. It is crucial to assess the gendered impact of COVID-19 on women and men, in order to design differentiated preventive and response measures and develop robust gender-sensitive monitoring and reporting frameworks. The UNDP and UN Women gender tracker can assist government in analysing progress made²⁴ . Similarly, we should design preventive and recovery measures that are gender sensitive and develop robust gender sensitive monitoring frameworks. It is also important to assess women's benefit from social protection schemes, emergency support and other policy instruments used for responding to the pandemic.

Resilient and inclusive recovery must be underpinned by gender responsive measures targeting at dismantling structures and systems that create and reinforce inequality. At the national level, it will be critical to ensure women's and girls' participation in the design and implementation of national and local recovery plans. It also is crucial to identify the most vulnerable women population in order to ensure "leaving no one behind" which is crucial to achieve Agenda 2030 and develop measures to reduce their exposure to risks and increase their access to support services. Gender responsive recovery solutions are proposed along two main areas of focus: (i) gender transformative recovery financing and decision-making to ensure that all recovery decisions and investments by all actors yield equitable benefits for all people of different genders and social groups, (ii) targeted programme interventions for gender responsive recovery, covering poverty, income and employment, health, education and GBV interventions. Below are proposed measures aimed at addressing gender inequality through resilience recovery:

Women's participation and leadership in decision-making in relation to COVID-19 recovery.

Both the short-term and long-term interventions proposed in this framework should seek the inputs and perspectives of women at the design and implementation stages to ensure that their needs are addressed. Women have been at the forefront of the battle against COVID-19 as healthcare workers, carers of families and economic providers for their households. Their knowledge and leadership should be harnessed to create equitable benefits from recovery interventions.

Invest in women's economic empowerment. Recovery efforts should be accompanied by long-term investments in women's economic empowerment. These should include the set up legal reforms to empower women which will work towards gender equality, poverty eradication and inclusive economic growth. Also, gender-responsive services, production resources, markets in agriculture, industry and trade should enhance economic empowerment of women and youth extensively.

In the medium-long term, however, these measures should be augmented with investments that move women out of the informal economy and ensure the resilience of livelihoods against future crises.

²⁴<https://data.undp.org/gendertracker/>

Policies should encourage more women to enter the formal sector, targeting constraints more acutely felt by women, including low skill and education levels, need for safe transportation, as well as de-stigmatizing women's work in factories, construction, and mining. New green jobs for women and investments in sustainable technology and infrastructure and renewable energy will ensure environmental sustainability, while transitioning women from the informal economy.

There is also need for integrated solutions to desegregate education, address unpaid care, reduce discrimination and encourage formalisation. Diversifying economic opportunities requires policies and programs to desegregate education and reduce employment discrimination. Integrated solutions to address unpaid care work and employment segregation are also needed. In the informal sectors, changing social norms can achieve the greatest impact. Set up policies that support working mothers, such as paid family leave and flexible hours, allow more women to enter the formal workforce.

COVID-19 also brought to the fore, the stark vulnerability of women's livelihoods in Africa. There is a need to strengthen social protection systems to reduce the vulnerability of women to COVID-19 and other shocks. Recovery interventions should include business rescue grants and risk protected micro-credit to MSMEs to target those women who lost their MSME businesses during lockdown. MSME support grants or risk protected loans should also be extended to new viable economic sectors and opportunities to encourage the establishment of new economies where women are the likely dominant owners. Such grants/loans should also aim to provide targeted support for women owned businesses to participate in supply chains. In awarding rescue grants to big business, require that jobs at the low-end (mostly occupied by women) are protected as part of the rescue package.

It is crucial to extend socio-economic benefits to rural women engage rural women who often lack access to information and capital to facilitate quick recovery. Rural women also continue to be at risk of experiencing food insecurity and malnutrition, lower engagement in economic activities, and increased gender-based violence. As the pandemic has affected women more severely affected in the agriculture, efforts should be made to extend programmes for women in agri-food value chains who are key in producing, processing and trading food and agricultural products.

Policymakers and program implementers should build on the effectiveness of women's collectives at increasing women's economic outcomes and building agency. For example, agricultural cooperatives that improve access to inputs and markets have been shown to lift women out of poverty in Uganda (FAO, 2018), where higher-efficiency farming is a part of the national development plan.

Addressing gender-based violence (GBV). COVID-19, coupled with restricted movement and social isolation measures led to an exponential increase in GBV. In the short-term, there is a need to increase knowledge about referral pathways and other places of support where women and girls can get help through nation-wide communications campaigns. Recovery efforts should ensure that all health facilities and shelters are responsive to victims of GBV, with testing kits, emergency injury treatment, as well as trauma counselling. Activate the justice response system (police as first responders) to increase responsiveness and reaction time during lockdowns.

There is also a need to strengthen the delivery capacity of AU Member States to develop and implement evidence-based GBV prevention programmes that promote changed behaviour, restoration of women's and men's dignity, and the building of GBV-free caring societies. Member States should also establish adequate response systems to gender-based violence, to ensure that women and children have access to legal and other support services. Establish an emergency response system to monitor GBV hot spots during crises. Governments should also activate nation-wide programmes and campaigns to address harmful cultural practises and social norms that fuel GBV, while promoting positive relationships between men and women.

COVID-19 has elevated the need for a shift towards risk-informing development against the threats of multi-hazards

COVID-19 is a disaster. A transformative event that has destroyed and reversed the order that preceded in a scale that makes it the worst disaster this generation has experienced. COVID-19 occurred because a hazard, the virus, met a society made vulnerable by political decisions, economic choices, and our own social organisation. The weaknesses of public healthcare systems, the increasing interconnected systems through globalisation, and the environmental degradation are some of the elements that have made our society so impacted by COVID-19. And since COVID-19 is a disaster, it requires a wider coordinated and integrated approach to be managed that transcends a specific sector such as health, even if health is central for its understanding and management.

The whole **Recovery Framework for Africa** is meant to guide Member States and RECs to build resilience while recovering from the pandemic. However, it appeared important to incorporate this section to take a step back and provide a multi-risk, integrated and systemic approach. The overarching goal of this section is therefore to provide guidance to shift to Risk-Informed Development through anticipatory and inclusive governance²⁵ for DRR. Such an approach considers all risks a country might face and their compound and complex impacts on systems and sectors for informing development. It intends to also provide guidance to build systems that are agile and flexible enough to address unpredictable unknown and unknowable disasters that can affect the country. COVID-19 therefore becomes a trigger to re-shape our approach not only to disaster risk reduction (DRR) and resilience building, but to development. Proposed below are priority areas and strategic recommendations that aim at operating this shift:

Priority area 1 for DRR: Strengthening Multi-Hazard Early Warning Systems (MHEWS) capacities

Despite investments made in the last decade, Early Warning Systems (EWS) often address the different hazards in silos, provide information for reactive decisions, not allowing decision-makers to anticipate disasters and their potential evolution, and finally, early action remains an issue.

²⁵Anticipatory governance can be understood as a system of systems based on complexity theory. By bringing a much more holistic approach to understand issues and shocks that threaten our societies, the complexity theory, and consequently the anticipatory governance, offers a much more realistic approach to understand how interconnected and systemic disaster risks are and by extension how to better anticipate, manage, absorb, and recover from them. "It alerts us to the constant potential for abrupt, discontinuous forms of change. It helps us to understand why only the Law of Unintended Consequences stands intact over the ruins of policies based on single concepts and rigid plans" (S. Fuerth, 2009). Building on the lessons learned from COVID-19, SADC has already started to reflect on anticipatory governance for DRR with substantive results and engaged its Member States to shift to this approach to better manage such phenomenon.

For more information on Anticipatory Governance see: Leon S. Fuerth, 2009. Foresight and anticipatory governance.

For SADC initiative: Dewald Van Nierkerk, 2021. Anticipatory governance in SADC: Reducing Disaster Risks after COVID-19. April 2021. South African Institute of International Affairs (SAIIA). See also <https://saiia.org.za/project/sadc-anticipatory-governance/>

The pandemic has also highlighted the importance of clear messaging to keep the population informed such as the case in Senegal that used different technologies and means to reach the population (Leo and Winn, 2020). Member States have demonstrated their continued commitment to strengthen MHEWS by adopting the Africa Framework for Multi-Hazard Early Warning Systems and Early Action at the 7th High-Level Meeting on DRR (19th November 2021). This will serve as a guiding document to strengthen and invest in MHEWS in Africa going forward with a call to have a seamless link from country level MHEWS to regional and continental MHEWS and a robust Emergency Operation Centres to monitor and forecast hazards as they evolve.

Countries are, therefore, expected to translate the Africa Framework for Multi-Hazard Early Warning Systems and Early Action into action at all levels. In addition, countries should invest in establishing MHEWS linked to regional and continental MHEWS with functioning Emergency Operation Centres that have capability to monitor and forecast hazards as they evolve. Considering the complexity of such systems, the first step is to develop solid guidelines and Standard Operating Procedures (SOPs) and make sure the roles, responsibilities as well as the mechanisms to share and process the data and to communicate for early action are clearly defined across and within countries as well to the regions and to AUC. A strong MHEWS is however incomplete if it doesn't trigger early action, which should be based on critical information on contextualised potential impacts of a disaster in a format that is translated by authorities for the population. Finally, crisis communication should be coordinated by a lead agency that informs the population of possible concurrent hazards and adapts the language to the different contexts. The following four elements of people centred EWS (WMO, 2018) should guide efforts:

- Disaster risk knowledge
- Detection, monitoring, analysis and forecasting
- Warning dissemination and communication
- Preparedness and response capabilities

Priority area 2 for DRR: Strengthening governance and institutional capacities for DRR

The pandemic revealed that the DRR policies were inadequate to respond to the COVID-19 crisis with a number of these frameworks excluding biohazards in their preparedness, mitigation, response and recovery strategies and plans. Institutions responsible for DRR were bypassed to develop ad hoc mechanisms to respond to the crisis. Human and technical capacities of the institutions responsible for DRR at sub-national, national, regional and continental are inadequate with thin human capital. The roles and responsibilities of the many stakeholders involved in DRR at various levels are not well clarified. Besides, the political leaders and policymakers have paid little attention to risk reduction efforts as well as preparedness and recovery. Several countries are signatory to the Sendai Framework, but their National DRR strategies are not aligned to the Framework to address all risks as required. Furthermore, coherence of these frameworks with those for development climate adaptation and resilience is generally lacking. Lack of clarity in the roles of stakeholders and sectors breeds parallelism and duplication of efforts as well as wastage of scarce resources leading to accumulation of risks and vulnerabilities.

Governments with support from the AUC and the RECs should update their DRR and resilience strategies to be in-line with the SFDRR and the PoA ensuring they are multi-hazard that includes the biohazards, are gender and human rights responsive and able to address the underlying drivers of disaster risks and are informing development strategies and plans. Furthermore, all member states are encouraged to strengthen National Platforms for DRR to provide a one-stop shop coordination mechanism for DRR. They should harmonise coordination of DRR ensuring its inclusive of stakeholders from technical sectors, UN agencies and NGOs while ensuring joint planning to limit wastage of scarce resources at this critical period of recovery.

Fragile states and highly indebted countries should be supported by development partners to ensure these strategies are in place to support risk informed development.

Priority area 3 for DRR: Risk-Informed Development - transformational change of the people, mechanisms, and processes for development

Institutions and partners have been deeply impacted by the pandemic, which together with the climate crisis exemplify the systemic nature of risks and the potential for cascading impacts. COVID-19 has triggered an unprecedented social and economic catastrophe on a global scale and every strategic document for development (sectoral or general) is reflecting the COVID-19 crisis as the main element to consider. Decades of development progress in Africa have unravelled.

Risk-Informed Development stresses a change of mind-set, away from viewing risk as something negative through siloed lenses, and towards viewing risk as having both negative and positive attributes. In short, risk needs to be approached as a threat and an opportunity starting with COVID-19 and its recovery. The Africa Working Group on Disaster Risk Reduction (AWGDRR) should play a pivotal role as well as the Matrix of the Programme of Action (2021-2025) to pave the road to effectively institutionalise disaster and risk-informed development, and thus achieve SDGs across the continent.

In order to embark on a risk-informed and sustainable trajectory moving forward, Member States and stakeholders should institutionalise an integrated approach to multiple risks in the context of the Matrix of the Programme of Action (2021-2025) to implement the Sendai Framework for Disaster Risk Reduction 2015-2030 in Africa. Moreover, and as already mentioned in this section, development and DRR are often addressed in silos with different institutions, frameworks and time horizons. It is critical to reconcile the relationship between development, DRR and CCA agendas to build resilience. The government must ensure that the ministries in charge of development and economic planning as well as of finance together with NDMA coordinate an integrated and inclusive process. The AWGDRR is expected to play an important role in this regard. Countries should envisage an inclusive, multi-risk and multi-sector process in which every level of government and society must participate and be consulted to elaborate contextualised, sustainable, and owned documents. The following key features should guide such efforts: (1) systems approach, (2) people-centred and multi-stakeholder, (3) multi-risk, (4) multi-scale.

Priority area 4 for DRR: Financing response, recovery and risk-informed development (addressing the drivers of vulnerability to multi-hazards)

COVID-19 is having a debilitating impact on countries' growth and development prospects. Losses from disasters are only expected to rise as the impacts of climate change intensify across the region. Given these challenges, governments have often been reliant on external aid and budget reallocation to pay for disaster recovery. However, this financing strategy comes at a cost. Uncertainty and delays in aid flows tend to complicate planning for relief and recovery efforts, and budget reallocations for COVID-19 have diverted funding from vital development programs. Entire sectors including the private sector have been left without any protection while they were suffering the combined effects of the restrictive measures taken to tackle COVID-19, and other concurrent disasters such as drought and floods.

Integrated National Financing Framework (INFF) provides an interesting framework for financing coherently and effectively sustainable risk-informed development. It "lays out the full range of financing sources – domestic and international sources of both public and private finance – and allows countries to develop a strategy to increase investment, manage risks and achieve sustainable development priorities, as identified in a country's national sustainable development strategy."²⁰ It helps countries to elaborate risk-informed financing strategies and identify and leverage additional financing sources by improving alignment of these different types of financing. INFF builds on existing capacities, policies, institutions and processes at country level and therefore, is contextualized.

Common elements (building blocks) of the approach include:

- Assessment and diagnostic in which the risk landscape and resilience are assessed
- Inception phase where existing financing policies, strategies and trends are identified as well as all relevant stakeholders. An oversight mechanism is also created to guide the INFF with a clear roadmap agreed with all the stakeholders
- Governance and coordination to ensure country leadership, drive INFF design and implementation and overcome silos across sectors and stakeholders
- Ongoing monitoring and review to permanently track financing trends, assess progress and identify quickly potential bottlenecks, and support dynamic and responsive policy making
- Financing strategy to find solutions to close financing gaps and make the most of financing opportunities to better finance risk-informed development.

Several African countries are already engaged in this process such as Mauritania, Mali, Côte d'Ivoire, Senegal, DRC, Kenya, Rwanda, Namibia, Botswana, and Madagascar.

Priority area 5 for DRR: Innovation (technology/digital)

One of the main consequences of COVID-19 was the digitalisation of many aspects of our society. If global digital solutions have provided certain tools, local solutions were also developed particularly in Africa in order to address specific challenges in specific contexts. This positive consequence must be supported to build resilience in the recovery phase, particularly in terms of MHEWS, crisis communication, early action and disaster risk assessment and management. This could also be an opportunity to support the development of African start-ups and the private sector working on innovation. Most of the governments still tend to use global solutions or rely on global companies to develop specific innovative solutions while local expertise exists and would be able to develop contextualised tools to address specific challenges.

In this regard, governments, AUC, RECs and partners including the private sector should engage more deeply in supporting such initiatives, establishing an enabling environment for the use and development of local solutions, and providing mechanisms to strengthen capacities and scale-up innovative solutions. This may also address some of the challenges in understanding risks in Africa and make predictive analysis to better plan sustainable development. Technologies such as the use of big data, Internet of Thing and artificial intelligence can be critical in producing regular reliable data for continuous risk analysis and in processing data coming from different sources and sectors.

However, different bottlenecks need to be addressed such as the low internet penetration rate, the cost of data and data protocols, the telecom infrastructure, the juridical environment for developing the sector but also for protecting the data, the strategic public-private partnerships that need to be developed and/or strengthened, etc.

Green the recovery. According to the AU's Green Recovery Action Plan, COVID-19 does not change the urgency of addressing African (and broader) environmental challenges, but it has accelerated decision points that could have substantial impacts. As countries move from containing the virus to economic recovery, choices are being made that will shape trajectories on emissions, air quality, resilience and biodiversity for decades to come. A clean and resilient recovery in Africa will lead to employment in the industries of the future whilst ensuring that we address the linked challenges of public health, prosperity and climate change.

This can be done by including the following elements in a recovery programme:

1. Climate finance, including increasing flows, efficiency, and impact of funding;
2. Supporting renewable energy, energy efficiency and national Just Transition programmes;
3. Nature-based solutions and focus on biodiversity through work on sustainable land management, forestry, oceans and ecotourism;
4. Resilient agriculture, by focusing on inclusive economic development and green jobs; and
5. Green and resilient cities, including a focus on air quality, green and blue infrastructure, (flooding and water resources) and enhancing information, communication and technology.

Governance. In a crisis such as COVID-19, good governance matters more now than ever and maintaining a system of check and balances in governance cannot be undermined, especially while the Government plans service delivery, builds trust in public institutions, develops clear socio-economic recovery policies and rebuilds social connectivity. The AU, RECs, the UN and international organizations should continue their support to governance and peace and security programs in the continent. The response should ensure that communities and stakeholders are engaged and feel a sense of ownership of the solutions developed. The interventions to prevent violence should address the root causes such as food insecurity, social cohesion and social accountability, competition over scarce resources and absence of the state in the periphery. COVID-19 has delayed political reforms and elections and may continue to do so. In this regard, the AUC and regional players and the UN should support negotiations between political parties, and provide technical assistance to support key processes, to build and sustain trust between governments and citizens. Furthermore, development partners should assist in strengthening national and local core governance functions for crisis management and service delivery, rule of law, human rights and security, and inclusion, accountability, and voice. The application and deployment of e-government especially digitalisation in service delivery remains paramount. COVID-19 response created new opportunities to exploit weak governance and oversight and divert funds from the people who need them the most. Curbing corruption will, therefore, be a critical component of resilient recovery.

Economic Recovery Recommendation Based on Country Typology

In Chapter 2, impacts were presented for the following non-regional groupings of countries: commodity exporters that suffered revenue losses in 2020 as well as high inflation; fragile and conflict-affected states where COVID-19 contributed to disruption of trade, food insecurity, and almost no initial recovery measures; countries facing food insecurity and dependent on food imports, countries facing multiple risks which had to cope with the pandemic as well as concurrent and cascading calamities and tourism dependent nations. Policy and programmatic recommendations tailored to these country categories are presented below. Regardless of which group a country falls into, it should implement a core set of policies and programmatic investments recommended above.

Commodity exporters (assumes that high 2021 commodity prices will continue along with improvements in the global supply chain). In order to climb the ladder of development, most of the African countries need to diversify their economies and add value by processing primary commodities. On the one hand, diversification contributes positively to economic growth, and provides protection against volatility of international product prices and fluctuations due to external shocks.

On the other hand, diversification may also be a way to address spatial dimensions of economic disparity as it facilitates the economy to be more inclusive of small and medium sized enterprises in diverse value chains and can lead to an increase in productivity. Value addition, particularly in manufacturing can be systemically improved through programmatic interventions. The export diversification dimension of economic diversification could be a shift from exporting a few primary commodities to that of a wider set of manufactured goods and services. It also entails exporting to newer markets. This would allow participation of domestic firms in global value chains and provide them with the opportunity to become globally competitive through technology transfer and efficiency gains.

Structural transformation with a focus on digitalisation and diversification Investments should also be made in creating an enabling environment for innovation and economic diversification. Technology and innovation are crucial drivers of productivity and growth. Economic diversification fuelled by innovation may be the catalyst for structural transformation and inclusive development in African countries dependent on commodity export. Many African governments are supporting programs that can feed innovation and create an ecosystem for greater diversification and growth. Such intervention and support should continue through the medium and longer term. This is also relevant for countries that have made some progress on structural transformation. For example, even though most of the North African countries have structurally transformed and the industrial sector being the second highest contributor, the contribution of the manufacturing sector, excluding energy and construction, remains limited. Beyond addressing issues, further strengthening of digital access, power, transport and storage infrastructure are required to achieve specific economic diversification objectives at the sectoral level, such as developing the agribusiness industries to foster inclusive growth.

Geographic diversification appears to be more important than product diversification in Africa, especially in countries at their early stages of development. Many countries have their economic activity clustered around national capital regions or certain urban centres. In remote interior regions, people are largely engaged in low productive activities and subsistence agriculture. This accounts for significant development disparities at the sub-national level. Interregional inequality is also pronounced in Africa among the coastal countries as compared to the land locked inland countries. Taking part in free trade agreements, thereby reducing trade costs and trading with countries within Africa has continued to receive much importance in policy circles and has become particularly relevant in the context of the ongoing pandemic.

Technology transfer and adoption is an integral part of economic diversification that is typically tailored to the needs of a skilled workforce. Major skill gaps exist in the continent. Therefore, it is necessary to promote TVET institutions and active labour market policies. Ways to build the skills that define entrepreneurial capacity and entrepreneurial activity must also be encouraged. Economy-wide policies such as governance and education help foster diverse exports more than narrowly targeted industrial policies can be some of the diversification strategies for a commodity dependent economy.

Rain-fed agriculture, food import-dependent and food insecure countries: Countries' dependence on rain-fed agriculture, dependence on food imports, prices of commodities in international markets and tourism receipts are reasons for volatility. Sustainable transformation of rain-fed to irrigated agriculture through water harvesting and smart crop management practises can be a way to curb its over dependence on only rain-fed agriculture. In this regard, Members States should consider investments in irrigated agriculture and smart crop management practises. African countries should also build more productive climate smart agriculture. For example, North African countries have great agricultural potential in terms of arable land (18 percent in Morocco and 17.4 percent in Tunisia) and huge fishery

resources (AfDB, 2020). Furthermore, value chains can be developed, particularly for agri-food products which will have a positive impact on economic growth and poverty alleviation.

Tourism-dependent countries: UNWTO estimates that one billion less international tourists travelled globally in 2020 and Africa recorded a 74 percent fall in international tourist arrivals and a decline of 64 percent in tourism related exports. COVID-19 also had a secondary impact on tourism jobs. In the East African Community alone, it is estimated that tourism jobs dropped from 4.1 million jobs to 2.2 million in 2020 (AERC, 2021). Recovery in this sector must start with domestic and regional tourism. Although lower than other regions, in 2019, domestic tourism accounted for only 50.2% of the travel and tourism receipts in Africa with the exception of North Africa. Short-term recovery measures must stimulate local tourism through campaigns and lowered/waived tourism levies until the sector is re-established. Such measures would also pave the way and build confidence of international tourism. For communities dependent on tourism, social protection measures should also be extended to them in combination with targeted support to MSMEs in travel and tourism industries.

Critical to resumption of regional and international tourism will be mitigating the potential health and safety concerns that may discourage tourism. In the short-term, it is important to implement and communicate clear safety and security protocols regarding entry requirements as well as on the ground to regain travellers' confidence. In this regard, it is also important to invest in capacities for implementing DRM & resilience strategies for touristic areas and resources. Regionally, simulation of intra-Africa trade and tourism can drive economic growth by promoting a more formal but an easier regime of cross-border trading and tourism mechanisms. These immediate measures can be implemented through existing bi-lateral and regional trade agreements. In the medium to long-term COVID-19 presents the tourism sector with the opportunity to revisit the tourism business models and policy framework to improve competitiveness. The sector must put in place measures that promote socially responsible and sustainable tourism.

Fragile and conflict-affected states: conflict and insecurity and the COVID-19 pandemic present a deadly combination in several countries across all the five regions of Africa. These include but not limited to Central African Republic, the Central Sahel (Burkina Faso, Mali and Niger), Ethiopia, Northern Nigeria, Northern Mozambique, Somalia, South Sudan and the Sudan. COVID-19 has exacerbated poverty and inequality in conflict-affected countries, adding massive pressure to already overwhelmed social and health systems. Chronic poverty and weak essential services, intensifying conflict, displacement, acute malnutrition in combination with the COVID-19 pandemic, have all heightened the vulnerability of families.

In the short-term, government and humanitarian actors should inject essential COVID-19-related funding into humanitarian support, especially for refugees and IDPs, factoring in the disproportionate risks for displaced women and children. In combination with humanitarian support, recovery measures in these countries should support early detection at the community and family levels and providing treatment for the most serious form of malnutrition through community and health facilities. There is also need to extend social protection to the most vulnerable in these countries while strengthening social protection policies to be more inclusive and shock-responsive. Recovery efforts should also put in place funding arrangements, digital platforms and contingency plans for harmonised humanitarian relief and social protection.

In the medium to long-term, the African Union, regional bodies and the UN should maintain peace processes and conflict prevention efforts alive by working with UN envoys and other mediators to, for example, maintain secure electronic communications with conflict parties.

Recovery efforts should also focus on strengthening diplomatic back channels among states and non-state actors to communicate over potential escalatory conflict and other types of risks in tense regions.

Countries facing multiple risks: refer to 'COVID-19 has elevated the need for a shift towards risk-informing development against the threats of multi-hazards' section between pages 64 and 66 above.

SDG Push and other scenarios²⁶

Worst-case (High Damage) Scenario

This scenario assumes greater GDP losses in 2020-21 (about eight percent in 2020 relative to the pre-COVID-19 situation), higher mortality, and less economic recovery (global GDP reduction of about seven percent at the Market Exchange Rate (MER) in 2030 and a loss of about 13 percent in lower-income countries). Greater post-pandemic inequality and significant increases in national debt levels also assist frame the scenario and contribute to the increased long-term economic loss.

The assumptions behind the worst-case scenario are as follows:

- Mortality - global mortality from COVID-19 increases in 2020-2021 by nearly one million deaths over the Median (COVID-19 Baseline) Scenario;
- Economic growth - further decreases GDP growth rate across all countries by 1.5 percent in both years, assumes that 80 percent of GDP growth decline will persist as productivity loss, adds 20 percent of GDP to government debt levels; and
- Inequality - increases Gini everywhere by five percent (roughly 0.015 points on the 0-1 index basis).

²⁶The references for these scenarios are: Hughes, B.B., Hanna, T., McNeil, K., Bohl, D.K., & Moyer, J.D. (2021). Pursuing the Sustainable Development Goals in a World Reshaped by COVID-19. Denver, CO and New York, NY: Frederick S. Pardee Center for International Futures and United Nations Development Programme; and Abidoye, B., Felix, J., Kapto, S. & Patterson, L. (2021). Leaving No One Behind: Impact of COVID-19 on the Sustainable Development Goals (SDGs). New York, NY and Denver CO: United Nations Development Programme and Frederick S. Pardee Center for International Futures. https://sdgintegration.undp.org/sites/default/files/Foundational_research_report.pdf

Based on these assumptions, the projected outcomes by 2030 for the worst-case scenario are that:

- COVID-19 is likely to result in 35 percent of the African population in extreme poverty (597 million people) by 2030.
- The effects in a high damage Africa would ripple across all human development indicators. On top of the damage of the COVID-19 scenario:
 - Female poverty headcount increases by 37 million to 298 million people;
 - An additional 14 million people are likely to be malnourished, of which two million will be children under five years of age; and
 - The rate of children completing secondary school would decrease by almost two percentage points in 2030, from 36.4 percent in the COVID baseline scenario to 34.8 percent in the worst case (high damage) scenario.

In the worst-case scenario, the elements of a recovery strategy that should be considered are presented below in Table 3.2.

Recommendations for this scenario were selected to help countries cope with the health, economic and social consequences of a worst-case situation: greater mortality and morbidity; economic decline; greater income and gender inequality; increased poverty; and higher malnutrition. As many African countries were already highly indebted and the recommendations call for additional government expenditures, there is a need for international relief to help with liquidity and debt-related issues. Detailed information for each of the elements can be found in the previous section of this chapter.

TABLE 3.2: Elements of recovery strategy for the worst-case scenario

Timeframe	Policy Recommendations	Programmatic Investments
Short-term	<ul style="list-style-type: none"> -Implement high-priority health reforms -Increase monetary & fiscal responses -Expand cash transfer system -Address gender exclusion issues 	<ul style="list-style-type: none"> -Rapidly accelerate vaccination program -Expand social safety nets to protect poor & vulnerable groups -Scale up food & nutrition assistance -Boost support to MSMEs
Medium-term	<ul style="list-style-type: none"> -Seek international relief for liquidity & debt sustainability issues -Bolster DRR capacity to handle concurrent & cascading threats 	<ul style="list-style-type: none"> -Seek external support for an SDG push -Invest in a return to quality education -Strengthen agro-industrial production systems & related value chains

Longer-term	<ul style="list-style-type: none"> -Design a poverty strategy & seek external support for its implementation -Support implementation of the AfCFTA -Enact social protection legislation 	<ul style="list-style-type: none"> -Mobilise international assistance for improving & accelerating learning -Leverage resources for an agri-food resilience program -Develop a comprehensive social protection system
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Median (COVID-19 Baseline) Scenario

This scenario incorporates analysis from the IMF concerning the impact that COVID-19 will likely have on gross domestic product (GDP) growth in 2020 and 2021 and projections from the Institute for Health Metrics and Evaluation (IHME) of possible mortality patterns. In this scenario, the global loss of GDP in 2020 relative to the pre-COVID-19 situation is about 6.6 percent in both market exchange rate (MER) and purchasing power parity (PPP) terms. The scenario assumes a very considerable bounce back of economies after the pandemic, with loss of GDP at MER in 2030 being about 4.0 percent (3.5 percent at PPP). The scenario models the resultant global paths toward the SDGs.

The assumptions for the median case are:

- Mortality - mortality projections built upon those of the IHME.
- Economic growth – uses the economic growth projections of the IMF. Assumes that 80 percent of the GDP growth losses in 2020-21 relative to longer-term patterns are temporary capacity utilisation disruption, while 20 percent are loss of productivity gains that normally would have been attained in those years.

The projected outcomes by 2030 for the median scenario are that:

- An estimated 28 million Africans have already been pushed into poverty because of the pandemic in 2020. In 2030, an additional 26 million people will still live in poverty as a result of the impact of the pandemic;
- This will increase the total projected number of people in extreme poverty from 496 million (in a No COVID scenario) to 522 million people by 2030 in Africa;
- Of the additional 26 million people living in extreme poverty in Africa by 2030, nearly half (12 million) will be women and girls; and
- By 2030, an estimated 231 million Africans, including 31 million children, will be malnourished which represents almost no improvement from 2020 figures.

In the median scenario, the elements of a recovery strategy that should be considered are presented in Table 3.3. Recommendations for this scenario were selected to help countries cope with the health, economic and social consequences of a median case situation: less severe but persistent mortality and morbidity; gradual economic recovery; continued income and gender inequality; and continued high levels of poverty and malnutrition.

This will require policies and programmes that continue to address poverty, malnutrition and inequality while seeking to protect and accelerate economic growth. Detailed information for each of the elements can be found in the previous section of this chapter.

TABLE 3.3: Elements of recovery strategy for the median scenario

Timeframe	Policy Recommendations	Programmatic Investments
Short-term	<ul style="list-style-type: none"> -Implement full range of health reforms -Maintain monetary & fiscal responses -Maintain the cash transfer system -Preserve human capital accumulation -Address gender exclusion issues 	<ul style="list-style-type: none"> -Continue to accelerate the vaccination program -Address gaps in social safety nets to protect poor & vulnerable groups -Address food insecurity issues -Boost private sector support for business continuity
Medium-term	<ul style="list-style-type: none"> -Update social protection strategy, targeting criteria & social registry -Resolve liquidity & debt sustainability issues as needed -Policies should focus on priority SDGs -Consolidate DRR capacity to handle concurrent & cascading risks 	<ul style="list-style-type: none"> -Invest in an SDG push -Invest in a return to quality education -Use digitalisation to catalyse employment -Strengthen agro-industrial production systems & related value chains
Longer-term	<ul style="list-style-type: none"> -Design a poverty strategy & seek external support for its implementation -Promote regional integration & collaboration -Implement policies to leave no one behind -Enact social protection legislation 	<ul style="list-style-type: none"> -Invest in programs for improving & accelerating learning -Invest in an agri-food resilience program -Develop comprehensive social protection and disaster risk reduction systems

Best-Case (SDG Push) Scenario

Even as efforts to reach the SDGs have continued to increase around the world, there is potential for still more ambitious pursuit of them. UNDP’s Beyond Recovery initiatives exemplify the potential for building a new social contract, uprooting inequalities, rebalancing nature, climate, and the economy, and accelerating and scaling digital disruption and innovation (UNDP, 2020a). This scenario analysis capability is based on extensive implementation of these initiatives.

The best-case scenario assumes that countries will invest in the following:

- **Governance** (building a new social contract)
 - Reduced corruption, increased government effectiveness, and increased democracy (thereby also inclusivity)

- **Social protection** (uprooting inequalities)

- Higher social transfers and increased protection of nutrition for less skilled and therefore lower income households, increased enrolment into and completion of education at all levels, greater societal focus on improving access to safe water and sanitation, electricity, and modern cookstoves, and increased supportive government expenditures on education and health

- **Green economy** (rebalancing nature, climate, and economy)

- Movement of calories consumed from meat to vegetables and fruits, reduction of agricultural waste in production, transport and processing, and consumption, increased agricultural yields allowing also increased forest area, reduced urban air pollution, increased efficiency of water and energy use, a carbon tax, accelerated technological advance and a policy emphasis on renewable energy

- **Digital disruption and innovation** (for speed and scale)

- Increased emphasis on tertiary education especially in science, increased governmental and societal spending on research and development, accelerated introduction of fixed and mobile broadband technology including mobile forms

The projected outcomes by 2030 of the best-case scenario are that:

- Targeted interventions would reduce the number of Africans living in extreme poverty by 67 million in 2030 relative to current COVID-19 trends and by 217 million by mid-century;
- Approximately 145 million adults and children would be lifted out of malnutrition in Africa by 2030; and
- The proportion of children completing secondary school in Africa would also rise from the estimated completion rate of 36 percent to 40 percent.

Most countries and populations unlikely to reach the SDG targets even with SDG Push will be in Africa²⁷ and South Asia. Results will vary across SDG target variables. For instance, in 2019, 58 percent of the global population living on less than \$1.90 per day lived in Africa. The Africa share will grow in the median scenario to 71 percent in 2030 and 86 percent in 2050. Within Africa, the share of those in extreme poverty in Central Africa will grow from 21 to 35 percent and that in East Africa will decline from 42 to 29 percent. The pattern is somewhat similar with respect to primary-aged children not enrolled; 58 percent are now in Africa and 78-79 percent may be in both 2030 and 2050. In contrast, in 2019 29 percent of undernourished children lived in Africa (with the exception of North Africa) and this percentage is likely to remain unchanged by 2050.

In the best-case scenario, the elements of a recovery strategy that should be considered are summarised in Table 3.4. Recommendations for this scenario were selected to help countries accelerate the SDG Push in order to achieve and protect gains in poverty reduction, reduced malnutrition, better educational outcomes, and greater economic growth. Detailed information for each of the elements can be found in the previous section of this chapter.

²⁷Africa in this section applies to the whole continent with the exception of North Africa

TABLE 3.4: Elements of recovery strategy for the best-case scenario

Timeframe	Policy Recommendations	Programmatic Investments
Short-term	<ul style="list-style-type: none"> - Implement full range of health reforms -Scale down monetary & fiscal responses -- Update social protection strategy, targeting criteria & social registry - Preserve human capital accumulation - Address gender exclusion issues 	<ul style="list-style-type: none"> - Maintain pace of vaccination program - Address gaps in social safety nets to protect poor & vulnerable groups - Address food insecurity issues - Boost private sector support for business continuity - Green the recovery - Invest in agri-food resilience program
Medium-term	<ul style="list-style-type: none"> - Resolve -liquidity & debt sustainability issues as needed - Modernise social protection systems - Policies should focus on achieving priority SDGs - Promote digitalisation, industrialisation, and diversification 	<ul style="list-style-type: none"> - Maintain SDG Push efforts - Invest in a return to quality education - Use digitalisation to catalyse employment - Strengthen agro-industrial production systems & related value chains - Address power deficits, quality & cost of service
Longer-term	<ul style="list-style-type: none"> - Design a poverty strategy & seek external support for its implementation - Promote regional integration & collaboration - Implement policies to leave no one behind -Enact social protection legislation 	<ul style="list-style-type: none"> - Invest in programs for improving & accelerating learning - Invest in an agri-food resilience program - Develop a more comprehensive social protection system

IV. Institutional Arrangements for Framework Implementation

Chapter IV focuses on the importance of institutional arrangements to ensure that the recovery process is well-managed and governed. It considers: selecting an effective lead agency to manage the recovery; necessary legislation; leadership and staffing; community participation; the role of the private sector; and coordination and local implementation.

How institutions are set up to respond, recover and rebuild from COVID-19 will play a critical role in determining whether recovery efforts at the continental, regional and country level are able to address some of the underlying factors that led to the differential, multi-sectoral and long-lasting impacts of the pandemic. In the case of the Africa COVID-19 Recovery Framework, the continental scope of the framework warrants a multi-tiered institutional arrangement consisting of continental, regional and country level structures, each with its own set of roles and responsibilities, leveraging its mandate and comparative advantages in addressing the recovery needs of the population.

The widespread effects of the pandemic on all segments of the population and all aspects of socio-economic wellbeing of communities and nations, including cross-border and regional dimensions related to trade, movement of people and goods, etc., call for coordinated and complementary actions across sectors and stakeholder groups going beyond traditional Disaster Management institutions and including sectoral ministries, agencies, as well as non-state actors such as academia, civil society, private sector representatives, etc. While COVID-19 recovery efforts may be sector-specific, there is a critical need to maintain a high level of coordination to ensure synergies and create multiplier effects across various sectors, while ensuring a resilient focus of recovery efforts.

The critical aspects of each coordination modality that define the success of any socio-economic recovery effort are how various state and non-state actors generate evidence, communicate information among each other, and make decisions, with shared accountability. While recognising that there is no one-size-fits-all model, based on past experience it is important to understand what hinders and what facilitates the effective performance of various multi-stakeholder and multi-sectoral coordination mechanisms and how to best shape the continental and regional governance mechanism to best support national and sub-national efforts.

The implementation of resilient and risk-informed socio-economic recovery activities at the continental, regional and national levels, should include national and local authorities, regional actors, representatives of the affected populations, academia, private sector, NGOs, donors, and international partners, youth organisations, UN agencies, development banks, and other financial institutions. Without being prescriptive about the institutional arrangements at the regional and national level, this document provides some guidance that would allow the stakeholders including national governments as well as regional and continental organizations to adapt their existing structures and mechanisms to serve the specific purpose of COVID-19 recovery.

Chapter IV describes proposed institutional arrangements at the continental, regional and country level as well as good practices and key results associated with the development of institutional arrangements for overseeing, managing, and coordinating recovery, drawing on the literature from post-disaster recovery.

Institutional arrangements at three levels

Continental level

At the continental level, as the authority within the AU Commission responsible for disaster recovery and implementation of the Sendai Framework for Disaster Risk Reduction, the Department of Agriculture, Rural Development, Blue Economy and Sustainable Development could act as the lead entity coordinating the implementation of the Recovery Framework for Africa. The Disaster Risk Reduction (DRR) Unit of the Department, which already has the expertise, mandate and convening power for recovery efforts at the continental level could act as the secretariat.

In addition, the coordination and monitoring function of the DRR Unit could be further extended and facilitated through the inter-departmental coordination group on DRR recently established in the AUC. This would allow for other parts of the AUC to work together in the implementation of the Framework, achieve synergies with sectoral recovery efforts led/guided by AUC departments and organs, and in providing guidance to the RECs and the member states. In fine-tuning the institutional arrangement at the AU level, opportunities to build upon and if relevant to establish linkages with some of the structures set up in the context of the Africa Joint Continental Strategy for COVID-19, AU COVID-19 response fund, Summit of Financing African Economies in the Context COVID-19 in May 2021 (French Presidency, 2021) etc. could be explored.

As COVID-19 is a biological and public health disaster, existing AU mechanisms for multi-stakeholder coordination such as the Africa Working Group on DRR can serve as a platform for regular monitoring of progress as well as exchange of experience on recovery as the implementation of the framework progresses. The continental efforts could also leverage the political leadership at the AU, with strong linkages, where relevant, with the offices of the AU Special Envoy for COVID-19 response as well the newly appointed AU DRR champion.

Acknowledging the growing space of cross-national, regional, and continental dependencies, the AUC can guide resilient recovery efforts in those domains. Similarly, through shaping resilient recovery of the continent, more synergies are expected across national-level recovery efforts which can lead to a spill over effect between the countries, also triggering regional level synergy.

Since the implementation of recovery efforts will take place in the countries and communities of the AU Member States, the institutional arrangement at the continental level, in addition to providing leadership, guidance and catalytic resources (that exist within the AUC as well as mobilised from partners and donors), could play a key role in providing a platform for knowledge and experience sharing as well as a repository for compiling data, studies, guidelines on all relevant aspects of COVID-19 recovery.

Regional level

A similar institutional arrangement as in the case of AUC may be set up at the regional level for each of the Regional Economic Communities (RECs). The specific nature of the coordination, technical oversight and monitoring mechanism at the RECs would vary from region to region, depending on the existing mechanisms that allow for multi-sector coordination within the RECs (including inter-departmental committees and working groups) as well as others that allow for multi-stakeholder engagement on aspects related to recovery and resilience building.

Special attention could be given to any specific structure or mechanism created in the context of COVID-19. If these have a multi-sectoral focus and could be augmented to coordinate socio-economic recovery,

Regardless of the specific entity at the regional level (within the RECs) that is designated as the lead entity to coordinate, guide and monitor COVID-19 recovery efforts, it is necessary for the institution to have the requisite technical expertise with convening power and financial resources to provide leadership. Given the multi-sectoral nature of COVID-19 recovery, the lead entity could pool in resources and expertise from the various departments, directorates and the relevant specialised agencies to augment its capacities.

In addition to the regional economic communities, sub-regional entities such as river and lake basin commissions and authorities, can play a critical role in facilitating and coordinating recovery in the regions across national borders and spanning multiple countries. In case of institutions that span different regions (for e.g., the Lake Chad Basin Commission which covers West and Central African countries), the institutional arrangement at the continental level would have a specific role in ensuring coordination across RECs.

Country level

At the country level, institutions responsible for recovery need to be identified or established (where there are gaps) for streamlining or fast-tracking recovery processes. They need to be adequately resourced so that there is sufficient capacity for managing and implementing what could be a difficult and long recovery effort. This involves clarifying roles and responsibilities across agencies as well as partners of government. Clarity about what each institution will be doing is needed to reduce duplication (and associated costs) and integrate activities across the recovery. Confirming institutional arrangements and clarifying roles/responsibilities is critical at both the national, local and community levels.

Implementation of recovery efforts, whether through an umbrella recovery programme or separate projects and initiatives, must be managed with clear mechanisms to coordinate across the private and public sectors, communities, and markets. DRR platforms or similar mechanisms could play an important role in coordinating the recovery efforts, especially in countries where they are strong and are able to influence decision-making related to recovery. However, ownership at the highest level of government as well as linkages with parts of the government responsible for planning and economic decision-making and investments will be quite crucial for a coordinated and multi-sectoral implementation of recovery that is cost-effective, efficient and well resourced.

In arriving at an optimal institutional arrangement at the country level, national governments could make specific efforts to examine the various structures established in the context of COVID-19 and explore pragmatic ways of establishing formal linkages between these with the existing DRM institutions; and strengthening their mandate and capacities. COVID-19 recovery could also serve as an opportunity to establish clear guidelines for disaster recovery in the countries, in the form of a recovery policy, if this aspect is not adequately covered in the disaster management legislations, policies and strategies.

Key considerations for institutional arrangements

The following are considerations that, while primarily focused on the country level, can also be applied to continental and regional institutions for COVID-19 recovery management. They include a) selecting an effective lead entity to manage the recovery; b) establishing a legal framework for the institution(s) in charge of recovery; c) appointing an effective recovery leader and team; d) ensuring community participation; e) supporting the role of the private sector; and f) ensuring government coordination and local implementation.

Selecting an effective lead entity to manage the recovery

As COVID-19 recovery efforts have been taking place in countries, the lead entity (ministry, department, agency, or another relevant entity) should be clearly identified by the national government to prevent the possibility of competition between agencies and allow the entity to exercise a timely leadership role in recovery. The selection of the lead entity can be guided by five criteria, which are: (a) characteristics of the pandemic's impact in the country; (b) current governance structure; (c) entity's prior recovery experience; (d) entity's ability to reach out and include communities in defining and implementing their recovery process, and capacity to work with local authorities and non-governmental organisations (NGOs); and (e) overarching coordination, monitoring, oversight, and control frameworks in operation among a country's agencies, line ministries, local governments, and civil society.

The government may choose a lead entity after having necessary consultations with key stakeholders and implementers of ongoing and future programs both within and outside the government. Nevertheless, the decision, if not already taken, must be made urgently. Ideally, governments confirm or establish, prior to a disaster, the entity that is likely to lead the recovery process.

However, the profiles of the lead entity for COVID-19 recovery will also depend on the magnitude and nature of impact of the pandemic in the country as well as its capacity to lead the recovery process.

If necessary, capacity assessments should be undertaken to examine lead entity and sector-specific requirements. The two main criteria to measure the capacity of an entity to manage recovery are human resource capacity and skill sets.

The lead entity must have the ability to maintain the urgency to deliver results by keeping its focus on deliverables and targets. The lead entity will need a proven track record of being able to distribute resources efficiently and effectively; producing results under tight deadlines; of multitasking; of collaborating with other agencies, local authorities, and civil society; and of being flexible about working within quickly evolving circumstances.

Capacity to manage contracts and procurement is critical. Consideration of a lead entity's capacity to manage contracts is important for the procurement of services, equipment and material, evaluation of tenders, and oversight of recovery programs and policies.

These processes require dedicated time and human resources as well as specific technical knowledge. This means that governments should prepare before a pandemic strikes to ensure that they have the right procurement and financial management capacities in place to respond quickly when a health emergency occurs. Effective response may need accelerated procurement processes, which require the pre-pandemic establishment of transparency, accountability and monitoring and evaluation frameworks to avoid the risk of corruption and misuse of funds. In some recovery operations, third-party contractors form a substantial bulk of the implementers. In these cases, the skill and logistical capacity of the lead agency to manage contracts is critical to the successful implementation of the recovery.

The lead agency also should be able to coordinate disparate recovery efforts. In developing the recovery efforts, the lead entity should pay special attention to harmonising strategies across sectors. This will avoid duplication and ensure that cross-cutting needs are jointly understood and covered efficiently. Harmonising strategies also means ensuring the fair and effective use of resources to avoid discrimination against minorities and inequities in spending and quality of delivery.

An example of this approach is the case of South Africa (see Box 4.1)

BOX 4.1: Ministries to Lead Recovery in South Africa

Line departments and ministries will be responsible for the implementation of programmes relevant to their departments in South Africa's Economic Reconstruction and Recovery Plan. This work will be coordinated by the Presidential Advisory Technical Team and the National Treasury's Operation Vulindela, with the National Command Council to monitor the COVID-19 pandemic and the recovery process. There will also be working groups to monitor and report on the work done by individual social partners as part of their contribution to the implementation of the Plan. This work will be monitored by a Presidential Working Group which will ultimately report to the National Command Council.

SOURCE: South African Economic Reconstruction and Recovery Plan (www.gov.za)

1. **Create a new institutional arrangement to manage recovery.** This option creates a single lead implementing entity that envisions, strategizes, plans, implements, and manages the overall multi-sectoral recovery program. The creation of a new entity may be desirable in situations in which existing government agencies are unlikely to be able to coordinate and implement a high number of additional programs and policies at increased speed while sustaining their routine public services. The new agency can be created with a built-in end-date, i.e., for a set period considered to implement the recovery, or for an indefinite period as an agency that will be responsible to implement all future disaster recovery. This option has several advantages such as autonomy, the clear line of responsibilities, effective internal and external communication, and the capacity to handle complicated financial and monitoring and evaluation (M&E) arrangements. Resources for this option could be brought in from other relevant agencies, through for example secondments from within the government as well as from development partners, private sector consultants, short-term assignments, and financial recoupment arrangements could be agreed prior to the pandemic.

An example of this type of institutional arrangement is the National Drought Management Authority in Kenya (see Box 4.2).

BOX 4.2: Kenya's National Drought Management Authority ²⁸

Kenya set up its National Drought Management Authority (NDMA) in 2011, later transforming it into a statutory body under the NDMA Act, 2016. Prior to this, droughts had been managed through a series of time-bound projects. Given the ever-present threat of drought in Kenya, the government decided that a permanent institution would improve the country's readiness to respond.

An independent evaluation of the drought mitigation activities implemented in 2016-17 appeared to validate this decision. It found significant improvements in the quality of response since the previous major drought of 2008-11. The activities were judged to be more imaginative, better coordinated, and faster: half of the affected counties took action during the alert drought stage, twice as many as in 2008-11; only seven percent delayed their response until the emergency stage, compared with 34 percent in 2008-11.²⁹

²⁸Source: <http://www.ndma.go.ke/>

- 2. Hybrid arrangement.** A third option increasingly used by governments is a hybrid institutional model. Under this arrangement, an existing government structure is strengthened through the creation of a single unit, section or department dedicated to the recovery. The unit will provide overarching central guidance, management, and support services to keep the recovery efforts on its planned course. The hybrid option ensures relatively speedy delivery of recovery deliverables and targets. This single unit, section or department dedicated to the recovery will be the single point of coordination of national and international stakeholders. It will be responsible for ensuring the inclusion of line ministries, local authorities, the private sector, and civil society in all phases of the recovery. It will work with local governments and non-governmental organisations to delegate implementation responsibilities. It does not plan or implement individual recovery projects or programs.

Legislate to establish a framework for the institution(s) in charge of recovery

Legislation should clearly codify functions and authorities of the implementing institution(s), clarify funding mechanism(s), and establish an end-date or sunset clause for the institution.

Legislation necessary to clarify institutional roles and responsibilities. Pre- and post-pandemic legislation should include specifications on which the entity will manage which recovery efforts, thus setting the basis for organising recovery institutions and implementing programs. Experience shows that recovery can stumble if there is legislative confusion over institutional ownership and responsibility, resulting in duplications, failure to identify critical gaps and collaborate/integrate resources.

Cross-jurisdictional programs and policies should be kept in mind. Programs and policies that cut across the role of national and local governments' jurisdictional boundaries are additional areas for which clear understanding of roles and responsibilities will assist recovery.

²⁹The drought cycle used in Kenya has five phases: normal, alert, alarm, emergency and recovery.

Examples include school and health systems, MSME support programs and recovery programs for hard-hit economic sectors such as tourism. During recovery, economic and livelihood policies instituted by the central government but implemented by lower tiers of government and civil society require dialogue and coordination among the different partners. Legal clarity on the degree of policy and implementation authority at each level of national and local government helps avoid friction among levels of government.

The Recovery Team

A recovery institution is empowered through both a clear mandate and the appointment of an experienced and informed leader to manage it and enough technical capacity to support it. The importance of politically respected, competent, consistent, dedicated and empathetic leadership is integral to ensuring consistent political and community buy-in and recovery funding.

An effective leader must be committed to the recovery process, have strong team-building skills, and the capacity to reach out to affected people. The leader must have the skills to lead an inclusive recovery process that assists to overcome institutional barriers and brings together the institutions, authorities, and affected people and at the same time have the technical ability to drive the adoption of implementation of recovery practices which Build Back Better and ensure that risk reduction initiatives are part of the focus of resilient recovery. An effective leader must guarantee transparency and accountability in use of resources and have credibility with partners and local communities to mobilize funds for recovery.

Staffing for recovery. Staffing for recovery may be a challenge based on the nature and extent of the pandemic's impacts in a given country. Governments may need additional expertise to respond to sectoral recovery needs, for instance if a disaster occurs during or after the pandemic. They may also need to scale up their staff number temporarily or in the longer-term.

Some governments are unable to meet the increased professional and technical requirements for recovery in both the short and longer terms. These governments can solicit expertise from elsewhere (e.g., civil society, professional associations, development partners) to give direction to programmatic activities. It is critical that searching out and hiring these human resources be written into the institutional framework for recovery.

Immediate-term human resource needs. Professional, administrative, and specialist skills can be strengthened through targeted employment policies. As noted above, sometimes a new lead entity is established for recovery. Other times, an existing institution is made responsible for recovery. In both cases, human resource capacity almost invariably needs to be strengthened by adding new personnel, often with specialised skills. One option is to draw expertise from other sources such as line departments, humanitarian response agencies, the domestic and international private sectors, civil society, and international agencies. Reporting lines can be transferred to the lead entity by secondments and other special arrangements (even if temporary). This can delay other business-as-usual initiatives however such delays are likely to occur with priorities focused on recovery objectives.

Significant benefits arise from forming recovery teams that are well connected to the wide variety of recovery stakeholders. By recruiting experts from domestic and international agencies or experienced NGOs, the lead agency can bring global good practises to its recovery effort. Surge-staffing procedures, which outline the short-term staff procurement procedures for affected departments maybe established.

Long-term human resource requirements. Long-term staffing should include input from expected successor agencies identified ideally in the country-specific COVID-19 Recovery Framework. Increasing the number of professional and technical experts to support recovery efforts is not sustainable beyond the initial years of COVID-19 recovery. To facilitate the eventual handover of the recovery portfolio to the development agencies,³⁰ the lead agency can recruit liaison officers and transition teams from these agencies early in the planning stage. These individuals can then participate from the beginning as planning partners of the recovery. Combining short-term and longer-term human resource needs can also alert the lead entity to the capacities and requirements of the line ministries.

Ensure community participation

Community participation is a cornerstone of the recovery process. The principal resource available for recovery is the affected people themselves and their local knowledge and expertise. Affected people include those people affected by the recovery process – not simply immediately affected by the pandemic. Affected people need to be included and consulted throughout the process in assessments, defining problems and needs, identifying solutions and implementing projects, and giving feedback. The lead entity is responsible for ensuring this participation, establishing the necessary communication, consultation and engagement mechanisms and working closely with civil society and NGOs to enable people to be heard.

Beneficiary participation also should enable those who are usually marginalised within their communities —women; the elderly; people with disabilities; young people; and members of certain social classes, or ethnic groups—to influence decision-making. It is essential that all affected populations are heard: not only the representatives from the communities, but the communities themselves.

Incorporating local knowledge and expertise into recovery and ensuring community ownership of it are effective means to ensure the long-term success of the recovery and to guarantee that it meets real needs and provides sustainable solutions.

Civil society and non-governmental organisations can ensure community participation.

Civil society and non-governmental organisations often have well-cultivated links to the affected communities so they can play formal roles in ensuring community participation and managing implementation. Ensuring the participation of civil society, faith-based groups and NGOs in defining and implementing COVID-19 recovery from the outset provides the Government with access to their knowledge and connections.

In many instances, government authorities can outsource projects to NGOs that are made up of members of the affected communities. Project agreements can be drawn up between the government and the NGO to ensure transparency and fairness.

Support the role of the private sector

Public and private sectors gain by working together for recovery. Whether it was affected by the pandemic or not, the private sector pays a significant amount of the cost of recovery. It generates employment. The private sector is often contracted to provide goods and services that might be needed in the recovery process. If local, national, and regional economies are to grow and to be built back better from the pandemic, the participation of the private sector in recovery planning and implementation is paramount. A formal relationship that links private entities to the official response and recovery institutions in the form of public-private partnerships (PPPs) should be investigated.

³⁰Typically, line ministries and development agencies.

Public-private partnerships enhance both the government's and the private sector's ability to recover from financial losses; loss of market share; and business interruption by assembling resources and forces and making preparedness a win-win option. PPPs facilitate the government's job by making compliance with regulatory and safety requirements everybody's concern. PPPs also can increase oversight to prevent corruption.

Professional associations can provide expert advice on recovery planning. Expert and industry associations, such as those for health, agriculture, and educators, can serve as focal points for expert advice on recovery planning, implementation and evaluation. Dialogue with these experts can start before a health emergency strikes to ensure preparation and efficient response and recovery from the pandemic. Professional associations can also provide valuable information on operational aspects of recovery. They often have informal familiarity with contractors and their particular industries. The expert and industry associations can evaluate tenders and contracting bids, and act in other positions that require widespread industry knowledge including providing an increased level of transparency and fairness to the selection process. Both are particularly useful when the influx of donor money makes tender selection a contentious issue.

Ensure government coordination and local implementation

It is necessary to define the recovery vision and policy at the highest levels of government to ensure acceptance and coherent application across simultaneous ongoing recovery programs and policies, and then confirm this vision and associated policies in the country-level recovery framework. A tiered implementation is recommended within the framework that balances national government policy setting with implementation at the local level. Program implementation is recommended to take place at the local level, closest to the affected communities and individuals.

In the context of implementing recovery efforts, coordination includes assigning different areas of recovery to governmental or non-governmental agencies based on their areas of expertise. The involvement of a variety of actors in implementation can contribute to resource pooling, new initiatives and innovations, and improvement in quality and speed of implementation. Coordinating the multiple actors is an important role of the agency which leads recovery. Forming thematic groups of using ongoing cluster group of the humanitarian system may facilitate better coordination of the multiple actors in recovery. Coordination can take place both vertically between national government and local government and horizontally with international partners, private sector, donors, CSOs, etc. Since the private sector and NGOs are important implementing entities, separate coordination mechanisms may be established to facilitate the implementation and track progress of implementation. Similarly, a donor or partner coordination platform maybe required to allow the participation of funding agencies in recovery.

BOX 4.3: Decentralised management of COVID-19 recovery in South Africa

South Africa's District Development Model will underpin the implementation of all programmes identified in the Economic Reconstruction and Recovery Plan. To cascade the implementation of the Plan to provinces and districts:

- Provinces and provincial departments will develop supporting provincial implementation plans working with the relevant National Departments and Districts;
- Provincial Coronavirus Command Councils and District Coronavirus Command Councils will integrate the monitoring of the of the implementation of the Economic Reconstruction and Recovery Plan;
- Provincial Economic Clusters working with the Offices of the Premiers will serve as the technical support for the monitoring of the Plan at provincial level; and
- The Presidential Coordinating Committee will receive monthly reports on Plan implementation.

SOURCE: [South African Economic Reconstruction and Recovery Plan \(www.gov.za\)](http://www.gov.za)

International agencies typically have requirements and conditions attached to funding. One requirement common to many donors is that the recipient government must provide evidence of strong financial tracking and reporting mechanisms. It is recommended that governments endow their institutions with strong financial tracking and reporting mechanisms for the recovery. Since donors have obligations to report back to their own constituents on the good use of their contributions for recovery, international organisations may be reluctant to contribute directly to the government's recovery budget. Instead, the donors may choose to manage their own recovery funding alongside the government.

Chapter IV checklist

This checklist covers the different steps required to create effective institutional arrangements for recovery. The list is not comprehensive but provides an overview of the primary steps to be followed:

- Decide on appropriate institutional arrangements
- Provide legal mandate for recovery which clarifies institutional roles and responsibilities
- Designate lead recovery entity

Lead Recovery Entity

- Ensure continuity between humanitarian and recovery work
- Clarify role of international organisations and development partners
- Coordinate recovery efforts across sectors with multiple stakeholders
- Include civil society, private sector, communities and NGOs in the recovery process
- Identify and ensure that appropriate human resources are available throughout the recovery

V. Financial Mechanisms for Framework Implementation

Chapter V presents the steps that are necessary to identify, develop and implement financial mechanisms for recovery. The five key steps are:

1. *Quickly quantify the economic costs of the crisis*
2. *Develop recovery budgets*
3. *Identify the sources of financing as well as financing gaps*
4. *Coordinate and allocate financial resources*
5. *Set up the mechanisms to manage and track funds.*

Good financial practise for recovery shares the common characteristics of rapid disbursement, coordination of resources, and flexible sources of funding. It is also important that governments prepare before the next health crisis or other disaster strikes, as these financial practises can be complex to set up. They need to be carefully designed. It is necessary to have a rapid disbursement system adapted to post-crisis recovery needs that has been tested before a crisis to avoid the risks of corruption and fraud that can be linked to rapid disbursement. Chapter 5 provides more details and good practices to enable the financing arrangements needed to support COVID-19 socio-economic recovery.

Quickly quantify the economic costs of the pandemic

Post-COVID assessments can be the basis for resource mobilisation. In a COVID-19 Recovery Needs Assessment (CRNA), changes in economic flows/loss for each productive sector impacted (e.g. production and revenue losses, contingent expenditures, loss of income from stocks) are identified. The loss would comprise the increased expenditure on health interventions and other sectors such as education and culture. Wages lost due to disruption of services, utilities and businesses, the job loss for the self-employed, layoffs (temporary or not) for wage earners and the loss of income and/or discrimination of the most vulnerable groups (e.g., ethnic or religious minorities, migrants, refugees and IDPs) should also be assessed. Quantification of the economic costs of the pandemic needs to be done carefully, attributing losses directly and clearly to the economic and social effects of the pandemic only (UNDP, 2020b).

Develop post-pandemic recovery budgets

Impact of the pandemic on public finance. When reviewing their post-pandemic budget, governments should consider that recovering from COVID-19 forces reallocation of tight government budgets and a search for supplementary revenue. At the same time, the pandemic has often reduced government revenue by disrupting economic activity. Effects include lowering productivity, increasing inflation, reducing purchasing power, and possibly lowering trade or imports and exports. All of these effects impact direct and indirect tax revenues.

Ongoing post-pandemic budget review. The initial budget review should focus on channelling urgent resources for the humanitarian and relief efforts. Subsequent reviews can be based on the recommendations of the CRNA or similar assessment.

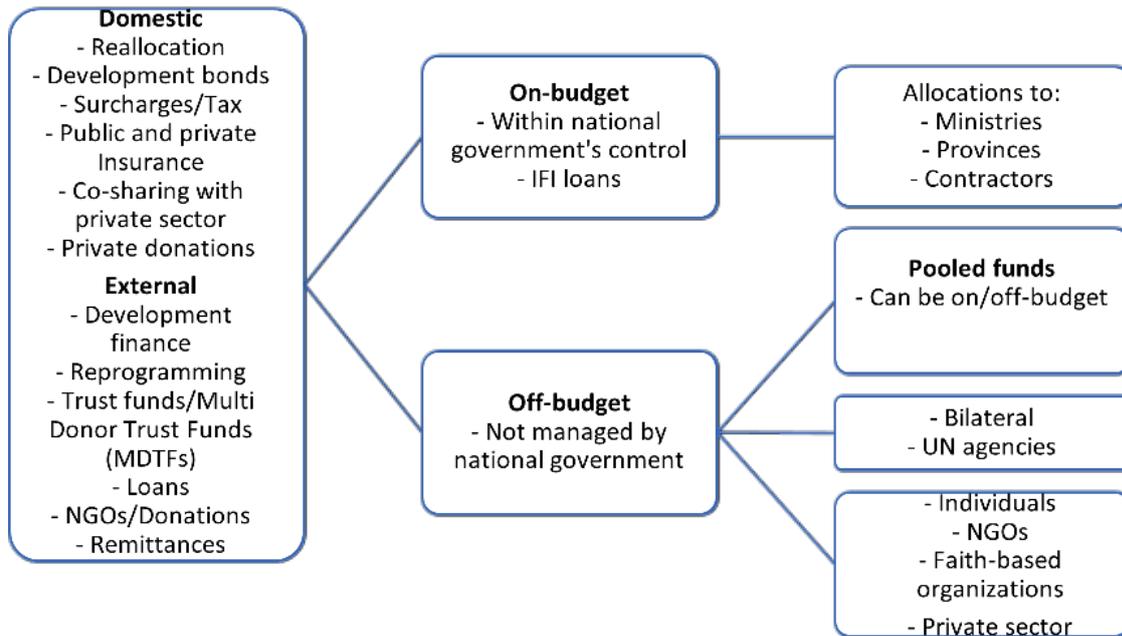
These findings involve detailed sequencing, prioritising, and financing and implementing the recovery process. Even during the implementation phase of the recovery framework, the lead agency needs to analyse the budgets for variances from actual performance.

Identify and mobilise sources of financing

African countries stand at a critical juncture, so it is imperative to adopt a holistic approach to financing the SDGs and development needs. The recovery initiatives discussed in Chapter 3 place a demand for development finance which can be linked with the supply of financing from the sources of finance described below. Some initiatives will require financing from more than one source, such as infrastructure, while others may be financed from single sources. Non-financial means of implementation such as trade policies and trade promotion, and other areas such as technology can be explored to further enhance the financing envelope for recovery.

Identify sources of financing. Financial considerations of recovery start with budgeting within the pre-pandemic and macroeconomic context. Depending on the scale of the pandemic's impact and the capacity of a national economy, the government may either rely largely on national resources, or appeal to external sources for funding. The latter option is useful particularly when the government already has cooperation agreements with donors and/or multilateral agencies. Figure 5.2 details the elements of recovery financing from the variety of funding source possibilities—both domestic and external. The lead agency should ensure that all of these funds are allocated in accordance with the national recovery priorities, whether or not the funds are channelled on or off the national budgetary system. One approach is to use the Integrated National Financing Framework which is a tool to help countries plan and overcome existing impediments to financing the SDGs at the national level.

FIGURE 5.2: Global view of post-pandemic financing



The challenge of post-pandemic recovery is to mobilise additional resources. To the extent possible, recovery should not be at the expense of normal ongoing development processes. Depending on the nature and scale of the crisis, recovery funding can come from domestic or external resources.

Domestic funding. Domestic resources generated by pandemic-affected governments are:

- Reallocation among the budget items from less to more affected sectors. It is helpful if governments have adopted a legal framework on reallocation options before a health crisis strikes, to allow for flexible reallocation in the event of a pandemic
- Issuing sovereign pandemic recovery bonds
- Levying tax or surcharge for recovery (see Box 5.1)
- Introducing policy incentives for the private sector to share recovery costs
- Voluntary civil society and private philanthropies' contributions
- Insurance

Countries will need to conduct a pragmatic assessment of their financing capacity that weighs their monetary and fiscal spending needs against their macroeconomic limits.

Most important, a huge amount of recovery is supported by the people themselves. The public sector's share in recovery can vary widely. It depends on the nature and scale of economic damage from COVID-19 and the relative balance of public and private sector asset ownership in the affected areas. In most cases, the biggest contribution to recovery financing comes from the citizens within the country and abroad. These sources of funding, among them remittances, are becoming increasingly important in recovery programmes.

BOX 5.1: Egypt - Levying taxes to finance social protection in the face of COVID-19

COVID-19 affected the Egyptian economy through negative impacts on travel, tourism, remittances from workers, and reduced economic activity due to lockdown restrictions. The government implemented an expansive social response, building on its existing social protection programmes and platforms. Funding for these interventions was raised partly from a 'Corona tax' levied by the government on all public and private sector salaries (1 percent) and on state pensions (0.5 percent).

External/international sources of funding. External resources for post-pandemic recovery can be sourced from multilateral development banks, regional development banks, bilateral development partners, international NGOs, private philanthropies and charities, remittances and social media. Frequent methods used to access external or international funds are international appeals, donor conferences and pooled funding mechanisms (see Box 5.2).

BOX 5.2: An example of a regional source of pooled financing

The COVID-19 ASEAN Response Fund has been established to provide support to ASEAN Member States (AMS) in the detection, control and prevention of COVID-19 transmission and in protecting the safety of medical professionals, healthcare workers, frontline workers and the wider AMS population. The Fund is also critical in supporting relevant research and development, providing technical support in the planning and implementation of containment and mitigation measures; facilitating the sharing of best practices; as well as for capacity and capability-building of health professionals and other frontline personnel.

In addition to contributions from the ASEAN Development Fund, the COVID-19 ASEAN Response Fund is also open to voluntary contributions from AMS, Dialogue Partners, Sectoral Dialogue Partners, Development Partners, and other external partners of ASEAN, including international organisations and funding agencies as well as public and private sectors.

SOURCE: ASEAN, 2020

Debt servicing. Even before the COVID-19 outbreak, many African countries were highly indebted and were struggling to honour their repayment obligations. The pandemic adversely impacted them and worsened the fiscal situation. As an early response measure to help the severely impacted countries fight this pandemic, a Debt Service Suspension Initiative (DSSI) was announced by the World Bank and IMF. To date, 32 African countries have participated in the DSSI; they are thus able to use scarce resources to fight the COVID-19 pandemic in their countries. While the DSSI was extended to December 2021, more steps may be needed such as expanding the DSSI and developing a more permanent solution to help the countries navigate through this crisis over the next few years.

International appeals. National, regional, and international relief systems can mobilise and respond to large-scale health and other disasters that require a system-wide response to humanitarian crises by launching appeals. A renewed appeal is usually launched after the first appeal that covers recovery needs in detail. The proposed African Solidarity Financing Mechanisms, described in Box 5.3, is a COVID-19 recovery facility that could result from such an appeal.

Donor conferences. An international donors’ conference may be organised as soon as possible by the government or international community, preferably within the first three months following a large crisis. Holding a donor conference is an effective and coherent way of communicating recovery needs and presenting the recovery framework or strategy. By providing this information – including a demonstration of how the recovery might unfold and activities prioritised - this should be an opportunity to source funding for the post-crisis activities from donor governments.

BOX 5.3: The Africa Solidarity Funding Mechanism

The UN is in the process of designing an Africa Solidarity Funding Mechanism for Sub-Saharan Africa. It would consist of a response facility to address immediate health and socio-economic needs and a recovery facility to support sustained recovery following the effects of COVID, emphasising inclusive and green rebuilding of human and financial capital. The fund approach will align with ongoing Integrated National Financing Framework (INFF) ³¹ initiatives at the country, regional and global level, as indicated by the Addis Ababa Action Agenda. INFFs are ongoing or have been completed in 32 African states as of this writing. The facilities would be served by a platform that could provide different types of support including: grants, technical assistance, investment capital, capacity building, and disaster relief solutions. Public and private contributions to the Mechanism on the order of US\$20 billion are being sought through a consultative process that is led by UNDP and UNICEF.

SOURCE: UNDP and UNICEF, 2021

International Financial Institutions. International financial institutions (IFIs), such as the World Bank and regional development banks (including the Inter-American Development Bank and the Asian Development Bank), increasingly have been engaged in providing lending and non-lending services to developing countries for post-pandemic recovery. Lending assistance is described in the following paragraph. Non-lending assistance from IFIs includes CRNAs, acting in an advisory role, and other forms of technical assistance. Loans and assistance can be obtained not only after a health crisis strikes but also before to focus on preparation and rapid response capacity. In recent health crises in Africa, IFIs have been one of the most important sources of financial assistance for recovery³²

³¹Mobilising resources, both domestic and global, to support sustainable development remains a key challenge for many developing countries. In 2015, world leaders met in Addis Ababa, Ethiopia to agree upon a new global framework for financing the 2030 Agenda and the 17 Sustainable Development Goals (SDGs). At the heart of the Addis Ababa Action Agenda are national sustainable development plans and strategies supported by integrated national financing frameworks — or INFFs.

A country’s sustainable development strategy lays out what needs to be financed. INFFs spell out how the national strategy will be financed and implemented, relying on the full range of public and private financing sources. INFFs are a planning and delivery tool to help countries strengthen planning processes and overcome obstacles to financing sustainable development and the SDGs at the national level. <https://inff.org/>

³²http://sheltercentre.org/sites/default/files/transitional_settlement_and_reconstruction_after_natural_disasters_0.pdf.

Specific financing that has been made available for COVID-19 recovery in Africa by IFIs includes:

- Over US\$41 billion mobilised by the [World Bank](#) since April 2020 to scale-up support to the African continent for the challenges imposed by COVID-19, with a focus on saving lives through health-related expenditures, protecting poor people, creating jobs, and rebuilding better from the crisis;
- US\$33.6 billion of Special Drawing Rights allocated by the [International Monetary Fund](#) to help the most vulnerable countries in Africa that are struggling to cope with the impact of the COVID-19 crisis;
- €2 billion from the European Investment Bank to support women across Africa by expanding the She-Invest Initiative and African Women Rising technical assistance programme, with similar investment pledged for a green recovery package;
- US\$2 billion from the International Finance Corporation with half in new direct financing for MSMEs, the backbone of African economies, and half in support of international trade finance for Africa to facilitate the flow of imports and exports of essential goods, including food and medical products; and
- The African Union's [Alliance for Entrepreneurship in Africa](#) to support Africa's private sector and promote entrepreneurship; it will mobilise US\$1 billion for small and medium-sized companies with support from France and others.

African countries also need to innovate or keep abreast of innovations in financing instruments, both legal (such as collective action and aggregation clauses) and financial (such as value recovery and equity-like debt instruments). To deal with the recurrence of debt crises, it is time to reconsider whether state-contingent debt instruments that link debt service payments to a country's ability to pay can be used extensively as a tool to minimise the possibility of future unsustainable debt dynamics. International financial institutions are in a position to partner in this effort, by providing debtor countries with incentives to own this initiative.

The AfDB indicates that, ultimately, only bold governance reforms will help reignite growth and put Africa's debt on a sustainable path. Africa needs to put in place policies to reignite growth, such as those related to digitalisation and enhanced competition, those to reduce leakages, and, critically, those to enhance debt transparency.

Flexible funding sources. In post-crisis environments, conditions change so rapidly that unacceptable delays may occur if budgeting revisions have to wait until the normal budget cycle. The government may have established a contingency fund to respond to the immediacy of a disaster. Such funds are characterised by flexibility to respond appropriately, especially in the immediate aftermath of the disaster. Pooled funds from donors that are administered by a trustee are also characterised by their flexibility to finance recovery needs that may be unattractive to the bilateral donors or do not fit within the government's budget.

Allocate and coordinate financial resources. Experience has shown that if governments do not establish an extensive financial framework for the recovery in the short, medium and long-terms, only short-term interventions tend to have enough funding for implementation. Yet, medium and long-term recovery programs are equally important for sustainable recovery. This is why governments should ensure that they establish a complete financial framework with predictable and multiannual funding that is aligned with the sectorial recovery programs. Otherwise, there is the risk that funds for urgent and short-term interventions are allocated in the peak of the post-pandemic situation but that the commitments for subsequent years will not be secured. Managing the inflows of resources and spending them effectively are challenging in the COVID-19 environment. The actual allocation of resources occurs through a budgetary process.

Figure 5.4 highlights the different timeframes for resource allocation.

FIGURE 5.4: Timeframe for Use of Allocated Resources

Post-Disaster Financing	Short-term	Medium-term	Long-term
Contingency budget	■	■	
Donor assistance (relief)	■	■	■
Reallocation of annual budget		■	■
External loans		■	■
Capital budget realignment			■
Donor assistance (recovery)			■
Tax increase			■

Source: Adapted from ASEAN, “Advancing Disaster Risk Financing and Insurance in ASEAN Member States: Framework and Options for Implementation,” Association of Southeast Asian Nations, Jakarta, 2012.

Funds from the private sector and nongovernmental organisations outside the government budget are critical to recovery. In many instances, government funding is not sufficient. The programmatic approach can assist coordinate funding sources, ensure communication among different sources of funds, and ensure that monies spent do not duplicate efforts. For example, private sector funds may be allocated to a specific sector or area. Funds coming from nongovernmental organisations could be allocated to social needs.

A summary of initiatives (Table 5.1) drawn from Nigeria’s pioneering experience to develop its Integrated National Financing Strategy can guide other AU Member States to scale financing and mobilise resources from the public, private, domestic, and international sources of finance to achieve the SDGs. The mix of conventional and innovative financing initiatives will need to be consistent with the country’s long-term financial sustainability and ensure alignment with its development priorities.

TABLE 5.1: Summary of recovery financing options for Nigeria

Domestic sources	International sources
Public Finance	
<ul style="list-style-type: none"> • Enhance revenue base: broaden tax base, eliminate ineffective existing tax incentives • Enhance Tax Policy and Improve Administration: digitalise, improve interagency collaboration, update tax registrations, incentive, enforce, reform as needed, tax education and outreach • Coordinate Budget Processes • Modify Public Spending and Management: transparent procurement, eliminate wasteful expenditure, renew spending priorities, focus on highly productive sectors • Manage Debt Sustainably • Catalyse State Owned Enterprises • Innovate to capture Illicit Financial Flows • Implement plan to mobilise multiple sources of increased climate-related financing • Mainstream gender into budgeting • Integrate Trade Policy and its Administration 	<ul style="list-style-type: none"> • Multilateral Development Banks: develop stretch financing objectives, explore co-guarantees between Central Bank and MDB to attract and mobilise private capital, build capacity to prepare projects and implement • Development Financial Institutions: identify worthy investment opportunities, develop a central registry for projects to attract DFI, provide a “credit wrap” or partial risk guarantee for specific equity investments • Official Development Assistance: coordinate donor community effectively and partner on policy dialogue among other upstream work, identify opportunities to use ODA to build resilience to climate risk, support public goods and enhance crisis management • Export Credit Agencies: Engage stakeholders on the benefits of respecting contracts and repayment schedules, minimise political risk for projects and foreign investments
Private Finance	
<ul style="list-style-type: none"> • Enable Business Environment: ease of doing business, reform capital markets and factor markets, PPP, transparency, enforce compliances as needed • Mobilise Banks and Local Financial Institutions: scale financial inclusion, penetrate financial services, encourage FinTech innovation, reform to address transparency, access to credit, depositor protection, credit quality, and capital adequacy • Incentivise Local and Institutional Investors: ensure investments in areas of high social, financial and economic returns. Effective incentives to support MSMEs, policy to encourage loan syndication on large projects. Strengthen collaborations. • Leverage Pension Funds • Scale Up Sustainable Finance: develop a climate policy framework, adopt TCFD recommendations,[5] explore domestic green bond market for sovereign, non-sovereign and corporate issuance 	<ul style="list-style-type: none"> • Remittances: financing priorities aligned to diaspora priorities and direct diaspora investments, using appropriate incentives for diaspora investments, diaspora investment trust fund, work with money transmitters to cut remittance transaction costs • FDI and Investment Policy: examining effectiveness of fiscal incentives in mobilising investments/FDI, review the country’s current investment policies, bilateral investment treaties and free trade agreements, Reform and clarify host states’ regulatory powers • Encourage venture capital and angel investments: review policies, develop new and innovative schemes • External Bond Purchases and Debt Financing • Foundations, philanthropic financing and thematic investing: Increase support for CSO and private sector to drive faith-based and philanthropic financing, identify projects and social investment opportunities aligned with the priorities/goals of impact investors

Mind the gap. Once all realistic sources of financing have been identified, it is necessary to compare them with recovery financing needs over time. This will allow countries to identify funding gaps and other options for filling budgetary shortfalls. An example at the country level is presented in Box 5.4.

BOX 5.4: Identifying financing resources and gaps for the Response Plan in The Gambia

In its National Action Plan for COVID-19 Response, The Gambia clearly identified existing sources of finance, gaps and potential sources of new finance. The Plan notes that not all the interventions are entirely new; there are a significant number of interventions that were already planned, on-going or completed before the development of the Plan. For most of these, funds have already been sourced and committed, so it was a matter of reprogramming them to give the interventions an added and new dimension in the context of COVID-19. What is presented in the summary of finances for the COVID-19 response is the funding gap that needs to be mobilised and the available funds already mobilised. The Plan identified US\$151 million of available financing from seven sources (Government, development partners and civil society) and a funding gap of US\$152 million.

SOURCE: Government of The Gambia 2020. National Action Plan for COVID-19 Response.

Public financial management systems

An important step toward fulfilling recovery objectives is setting up financial systems that allocate and disburse funds from one level of government to another; and/or communities or systems that manage external resources. In large-scale health crises and other disasters, external resource flows usually are significant. Therefore, recovery financing will likely be managed through both the government's budget (on-budget) and off budget funding. The financing systems should be set up to respect transparency, accountability and integrity, in particular to control the risks of corruption.

Whether a share of external resources is channelled through the government's budget systems is likely to depend on many factors.

To maximise the impact of domestic and external resources, the international community increasingly has advocated the use of budget systems and other public financial management (PFM) systems. The same principles of aid effectiveness apply in a recovery context. The key to PFM arrangements is government and donor flexibility. The reason is that, even though core fiduciary principles apply, recovery financing has proven to be fundamentally different from the implementation of regular development financing. Given the need for rapid response after a crisis, it is important that governments work on strengthening their national PFM before a crisis.

Efforts to support and strengthen the national PFM system may take into consideration the following:

- Capacity of institutions and budget systems, and opportunities to strengthen them
- Scale of international aid and coordination of aid
- Scale of aid on-budget vs. off-budget prior to the disaster
- Number of institutional levels involved in PFM cycle

- Financial arrangements for emergency relief and long-term recovery
- Nature of emergency procedures and implementation arrangements (including procurement and logistics)
- Fiduciary integrity and anti-corruption

Multi-donor trust funds. In many countries affected by large-scale disasters, Multi-Donor Trust Funds (MDTFs) have been set up to channel donor resources in a coordinated way and in accordance with national priorities. A MDTF provides a convenient way of pooling donor resources and avoids setting up multiple bank accounts and programs. They are aligned with the principles of donor harmonisation and country leadership and they provide un-earmarked resources that can address the gaps in recovery financing. Finally, they provide a forum for donor coordination as well as dialogue between the international community and the national government on issues of recovery policy and programming.

Expenditures from the MDTFs are initiated, planned, and implemented primarily by governments. Allocations of the funds are endorsed by a steering committee with government, donor, and civil society membership. The role of the fund's trustee is to ensure that monies are disbursed, accounted for, and spent in accordance with objectives, measurable outputs, and transparent procedures. The trust fund earns interest as it awaits disbursement. The Asian Development Bank, Inter-American Development Bank, United Nations Development Programme, and World Bank have acted as both trustee and administrator of such pooled funds. This process can reduce fragmentation of aid by creating a forum for policy dialogue and aid coordination between donors and the government.

Auditing and oversight.

Auditing and monitoring oversight is designed at three levels. At the highest level is the overall recovery program monitoring. Program-level monitoring builds on sector-level monitoring, which consolidates the reporting of each sector. At the lowest level is the individual projects monitoring. The auditing and monitoring system should be designed to integrate oversight at all three levels. Special additional systems may be required to monitor inflows, use, and impact of recovery financing.

The credibility of the government's recovery budget is based on delivering the resources promised for recovery and using them for their intended purposes within a set timeframe. The accountability of the recovery plan to the affected population and to the financing sources is critical. Often, as part of the accountability process, it is beneficial for the government to have an independent third-party auditor.

Both internal and external audits are required because each serves a different purpose. In general, the scope of an external audit is much more defined with a set end. External audits focus after the fact on a distinct event (a set of financial statements) and ask the question, "What, if anything, went wrong in managing recovery expenditures?" The scope of an internal audit is broader and more open-ended³³ - they focus on an ongoing process and assess risks and controls to answer the question, "What could go wrong in managing recovery financing at various levels?"

Contributors to the recovery financing likely will require assurance that resources are allocated efficiently, and that specific sectors and subsectors are fully financed.

³³M. Locatelli, "Good Internal Control and Auditor Independence," The CPA Journal, 2002.

Therefore, tracking recovery aid is very important. Aid tracking is complex because of the various sources of funding as well as various channels through which funds are allocated. However, it is extremely important to set up a tracking system very early to ensure that funds are spent for the intended purposes. The tracking system should capture aid flows at the individual sector as well as project level. An effective aid tracking system should incorporate tracking multiple streams of funding, including public sources, donor funds (on and off budget), private sector contributions, and NGO sources.

Chapter V checklist

This checklist covers finance issues from budget review and resource mobilisation to good oversight of fund disbursements. The list is not comprehensive but covers the key actions to be taken with respect to mobilising and managing resources.

Ministry of Finance/Lead Recovery Agency

- Conduct funding gap analysis and budget review
- Identify domestic sources of funding
- Identify external sources of funding
- Organise international appeal or donor conference to access international funding
- Define mechanism to manage inflow of funds. Specifically, financial systems that disburse funds between levels of government, or directly to communities or systems that manage external resources.
- Coordinate and allocate funds
- Set up system for aid tracking
- Strengthen public financial management system
- Engage external third-party auditing services

VI. Implementation Considerations for the Framework

Recovery policies, programs and activities need to be implemented quickly and effectively so that they visibly improve the lives of pandemic-affected populations. Chapter VI outlines how this can be done, with examples of good practice, through:

- *Setting up monitoring and evaluation systems to track implementation progress and funding;*
- *Establishing feedback and complaint-handling mechanisms;*
- *Creating implementation procedures and standards;*
- *Supporting local implementation;*
- *Developing procurement systems that are adapted to recovery needs;*
- *Putting a communications strategy in place; and*
- *Promoting transparency for accountability.*

Set up monitoring and evaluation systems

Monitoring and evaluation (M&E) systems can be used to track both program implementation and funding. Experience has shown that governments tend to poorly or simply not implement monitoring and evaluation systems linked to COVID-19 recovery. This is problematic because this means that when recovery programs are not well implemented these may continue to run their course instead of being readjusted and improved. This also means that the misuse of funds linked to project implementation may go unnoticed. Likewise, funding gaps may not be identified in time. Governments should therefore pay close attention to establishing a functional monitoring and evaluation process. This relies on a proper data collection and management computer-based system with associated staff to manage and monitor the recovery programs. The system should also be able to provide information on how the recovery interventions are contributing to national policies and strategies. Finally, the system should be able to track not only the recovery programs managed by the government but also those of the different partners that implement the recovery framework. Effective M&E systems enable the progress of recovery to be assessed, ensure compliance with sectoral recovery policies and strategies, and provide early warning for corrective action. Ongoing M&E is critical to communicate progress or lack of progress to the community and stakeholders and identify mid-course corrections in the implementation and adjust the strategy, particularly in response to community feedback about project design and results.

M&E reviews provide:

- A holistic assessment of recovery framework implementation
- A fresh view of the recovery framework implementation
- Potentials for improvement
- Actionable, realistic, results-oriented, and concrete recommendations
- A learning opportunity for all involved.

Importantly, M&E provides substantive inputs into the periodic evaluations that donors require to continue funding projects.

Establishing an M&E system involves defining what to monitor and evaluate (activities and outcomes), when to monitor and evaluate (timing and frequency), how to monitor and evaluate (tools and indicators), who will monitor and evaluate, and how to use the results.

Ongoing monitoring is necessary. Monitoring is a continuous activity that indicates whether activities are on track. Monitoring both results and activities is recommended. Results monitoring refers to monitoring recovery objectives and priorities. Ideally, results monitoring should be done quarterly and be conducted or guided by the main implementing agency.

Results monitoring plus reporting and activity monitoring create good data. The combination of reporting, activity monitoring and monitoring results establishes a good database and indicates whether planned activities and programs can be executed as planned. Results monitoring may be done by the lead recovery agency. Activity monitoring preferably should be done by all agencies for their respective sectors and programs and be consolidated by the lead recovery agency.

Results framework is implemented best through a results monitoring system. The results framework should be implemented through a systematic Results Monitoring System (RMS). The RMS specifies the monitoring and evaluation plans, data collection instruments, and indicator value-determination methodologies for all outputs and outcomes. An output is defined as an amount that a person, machine, or organisation produces and an outcome is defined as the result or effect of an action, situation, or event. Once fully developed, the RMS will also provide an overall medium-term M&E plan. This plan specifies the frequency, requirements, and means for monitoring, evaluating, and reporting, both at the broader level and for each of the selected outcomes.

Dedicated management information systems (MIS) are required to build a results-based M&E system. MIS is the digital system to store all M&E information and collate results based on the different inputs.

Monitoring COVID-19 resources. Given the large scale of domestic and international funds received for management of the pandemic, it is important to establish a mechanism to monitor the use of funds at a regular interval and evaluate programmes launched for pandemic recovery after 2-3 years to understand the impact of recovery efforts on the people's lives and the economy.

For the Africa COVID -19 Framework at the continental level, it is important to decide on the institution or unit within the AUC that can take the role of monitoring the progress of the Recovery Framework. It is important that this function of monitoring is recognized, and resources allocated for this role. The AUC may draw on regional intergovernmental organisations and selected Member States to form a team for undertaking monitoring missions to countries or conduct remote reviews of the programmes for pandemic recovery. A key set of indicators and source of information to collect data on the progress should also be developed by the institution/unit monitoring the progress of pandemic recovery programmes.

Monitoring can be done in two ways; it can be used to track both program implementation and funding i.e. to track the progress of use of funds and the second is to assess the impact/change it made on beneficiaries' programmes targeted to assess the efficacy of the services delivered to them. The pandemic recovery efforts have been through investments of funds and in-kind support as well as policy decisions.

The monitoring mechanism can take into consideration these broad approaches to assess the relevance and efficacy of the programmes and policies.

From March 2020 onwards, governments have spent considerable funds from the budget on several areas. These include but are not limited to: 1) strengthening health systems including equipment for hospitals, PPE for health workers and other services, public health awareness, etc.; 2) vaccine procurement and delivery; 3) expanding and scaling up social protection schemes using both cash transfers and in kind support for most vulnerable people; 4) the transition to online education systems including teachers training and preparing for school reopening; 5) grants, credit access and loan deferments for SMEs and MSMEs ; 6) expanded public works programmes to provide employment; 7) skilling and reskilling programmes for youth and unemployed; 8) Investment in water, sanitation and hygiene for general public; 9) improved waste management systems; and 10) special services for children, women, people with disabilities, aged, refugees and migrants.

It will be important to set benchmarks/indicators for progress against these ten programme

areas and define the frequency in which information will be collected to track the progress of the programmes. Table 6.1 suggests key indicators for each sector. These may be adapted at the country or regional level according to the local situation.

TABLE 6.1: Key indicators for monitoring and evaluation of fund use

Programme Area	Key Indicators	Percentage of funds utilized against allocation[RM1]
Health systems	No. of new hospitals or hospitals with upgraded facilities with additional beds allocated for COVID-19 patients	
	No. of hospitals with new oxygen cylinders, other equipment, medicines, PPE equipment, and other equipment for Health personnel	
	Increase in vaccine coverage/no. of people by age groups and dosage	
	No. of health workers trained in pandemic care, vaccine administration	
	No. of hospitals with Health Preparedness plans	
Social Protection	No. of additional people covered by social protection disaggregated by children, women, people with disabilities, aged, refugees and migrants	
	No. of new social protection schemes introduced	
Education	No. of students accessing online education	
	No. of school days completed in person and online	
	No. of teachers trained in online teaching and learning methods and curriculum adapted to online learning	
Economic Recovery	Increase in the number of youths employed	
	No. of youth trained and retained in new skills	
	No. of MSMEs that reopened business	
	No. of women managed business reopened	
	No. of people employed in hotels, restaurants and other service sector as compared previous years	
	No. of agro-industries restored	
	No. of people employed though public infrastructure restoration programme	

Water, sanitation & waste management systems	No. of new drinking water installed in public spaces, schools, hospitals	
	No. of waste management systems to dispose hazardous waste	
	No. of waste pickers and community workers and assisted with training and equipment	
Protection of women, children, PWDs, elderly, refugees and migrants	No. of GBV cases registered and addressed No. of child service support services delivered, and children given additional support including food and other supplies No. of people with disabilities provided health and other services	
Impact level Indicators for an evaluation in 3-5 years Decline in mortality rates by age groups compared to previous years Decline in unemployment Rise in agriculture production Drop on food insecurity Drop-in poverty rates Improvement of education and health indicators Drop in gender-based violence, child abuse, elderly abuse Increase in GDP of the country		

Establish feedback and complaint handling mechanisms

The promotion of transparency is supported with the establishment of feedback and complaint handling mechanisms, which would allow the various stakeholders of the recovery and benefiting communities to express themselves on what works and what does not, and to reflect on how to adopt corrective measures.

Adopt accelerated implementation procedures

Existing project approval and procurement, reporting, and staffing procedures in the country may need to be simplified to meet the pressing demands of the recovery process. Often recovery projects are stalled due to lengthy bureaucratic procedures for project approval and procurement. Even if fast-track approval processes exist, at times responsible officers are reluctant to use them. The authority given to the lead recovery agency by the government can play a critical role in promoting the use of simplified procedures and processes across all sectors and entities for more rapid implementation.

Support local implementation

Policy and coordination for recovery can be overseen by the lead agency, but responsibility for implementation is best positioned at the local level.³⁴ There is no single recipe to decide if the implementation should be centralised within a single agency or within different agencies and at various levels. The form of governance of a country should lead to the best formula. For instance, a country with a history of centralised power could benefit from centralising the implementation within a single agency, because the agency is likely to have stronger capacities than those of the local levels. On the other side, in countries that are effectively decentralised and where fiscal capacity is strong at the local levels, local implementation is

³⁴T. Courchene, J. Martinez-Vazquez, C.E. McLure, Jr., and S.B. Webb, "Principles of Decentralization," in *Achievements and Challenges of Fiscal Decentralization: Lessons from Mexico*, Washington, DC: World Bank, 2000, 85, <http://www1.worldbank.org/publicsector/LearningProgram/Decentralization/achievementsandchallengesTOC.pdf>

likely to be the best solution. Indeed, as much as possible, decisions for implementation must be made by those responsible for them.

Local implementation assists build community ownership of the recovery process. Involving people and communities on the ground will empower them and provide them with the opportunity to find local solutions to local problems. Additionally, local implementation could build, if necessary, the capacity of implementing agencies to manage small to large-scale projects. Community-driven development programs are one vehicle that is commonly used.

An example of this approach is presented in Box 6.2.

Such initiatives can be suitably adapted to suit the context of other AU Member States and implemented according to the post COVID-19 recovery needs of the respective countries.

Develop procurement systems adapted to the recovery context

Rapid procurement systems. Rapid procurement of goods and services can be a crucial

BOX 6.2: Local implementation of COVID-19 recovery in the DRC

The DRC, a vast country located in Central Africa with an area estimated at 2.345 million km² and a population of estimated at 98 million inhabitants in 2020, has adopted a community-driven approach to recovery to correct the failings of the pro-poor growth policies. The government has adopted the Local Development Program of 145 Territories which aims to reduce spatial inequalities, transform the living conditions and frameworks of the population living in rural areas hitherto poorly served by basic social infrastructure and services. This COVID-19 recovery programme assesses priority needs in all 145 territories (many of them far-flung and conflict-affected) with the aim of responding to priority needs, thereby making a unique attempt to leave no territory behind.

With a budget of US\$1.66 billion financed by the DRC's own funds, programme activities will be implemented under four components: (a) development of basic socio-economic infrastructure; (b) revitalisation of local and rural economies; (c) strengthening of local governance; and (d) development of a geo-referenced information system to monitor this and other public programmes. The following results are expected from this implementation:

- i. A significant reduction in poverty and spatial inequalities,
- ii. Better access of rural populations to basic socio-economic infrastructure and services,
- iii. An increase in the income of rural agricultural producers,
- iv. Improved food security,
- v. Enhanced access of young people and women to income-generating activities, and;
- vi. Better management of the risks to which rural populations are exposed.

In addition, the programme is expected to further strengthen local governance as well as this initiative and build resilience capacities of vulnerable communities.

element for an efficient and successful recovery. However, procurement during and following COVID-19 can be haphazard, leading to gaps in implementation and potential abuse of procedures.³⁵ Several types of procurement systems will facilitate the purchase of goods and services during recovery. Two are pre-arranged procurement and fast-track procurement.

³⁵For the staffing needs, see section entitled "Staffing for Reconstruction."

Pre-arranged procurement. Pre-arranged procurement pre-establishes a list of qualified contractors. This list can be categorised by type of expertise and competencies. Having a pre-qualifying system in place expedites issuing contracts and evaluating tender responses. A pre-qualifying system also eliminates inexperienced contractors, who can significantly underbid more experienced competition, but who lack the expertise required to successfully implement the reconstruction project.

Fast-track procurement. Fast-tracking procurement means using simplified, agreed tender and purchasing processes to quickly get goods and services to the areas in which they are needed. To further expedite procurement, a single source for the purchase of specific goods and services could be pre-determined.

Fast-tracked procurement systems can be used by both the private sector and non-governmental entities. To facilitate oversight and monitoring, it is helpful that all stakeholders that procure goods and services share some of the same procedures. As part of the third-party audit mentioned in the transparency section of Chapter 5, procurement needs to be scrutinised closely. For example, during emergencies, the National Institute for Disaster Management (INGC) in Mozambique is able to suspend duties and taxes placed on the purchase of emergency supplies. After the emergency, the INGC is obligated to reconcile these exemptions with the fiscal authorities.

Establish communications strategy for recovery

Throughout the recovery process, it is in the government's best interest to maintain ongoing dialogue and share information with all other stakeholders and partners in the recovery. A well-defined internal and public communications strategy recognises the different types of stakeholders and identifies the most effective means of communicating with them.

Internal communication among recovery partners. Internal communication includes all stakeholders directly involved in the recovery process. This communication can take many forms. Examples are a dedicated internal information-sharing website that includes access to the M&E database, peer dialogues among government agencies, focus group discussions with communities, or policy dialogues with donors. Such information-sharing can contribute to the transparency of recovery, build credibility and consensus on recovery goals, and identify coverage gaps and project overlaps.

For example, information flows between sectors and line ministries can result in fewer coverage gaps and project overlaps among multi-sectoral programs. The government can schedule monthly decision meetings with international partners in which the recovery objectives of the government, private sector, and civil society are communicated. Such meetings will conserve the time of senior government officials, enabling them to stay focused on meeting their respective recovery milestones and objectives.

Speaking with and mapping plans with planners, implementers, and community groups will strengthen transparency, minimise duplication of effort, highlight gaps in assistance, and build consensus for achieving common recovery goals.

Internal communication creates a space for exchange and feedback among all involved. This communication also can serve as one mechanism by which to redress grievances.

Effective public communication. An effective public communications strategy can raise awareness of the recovery effort—policies, plans, and projects—among the general public, both national and international, particularly in donor countries. The strategy should define the key communications for broadcast, print, and social media. These messages are intended

to inform public expectations about the scope and timeframe of the recovery. In addition, by recognizing visible signs of early physical recovery and announcing longer term goals, an effective public communication strategy can keep the entire recovery community and general public galvanised for subsequent phases of recovery and reconstruction.

Public communication initiatives can consist of:

- Using time markers (such the peak of each wave of COVID-19, the beginning of the vaccination programme, the end of lockdown measures, etc.) to show visible evidence and images of progress on websites of the different recovery institutional stakeholders
- Facilitating access for the media, if an issue, to do stories from the affected areas
- Organising press conferences highlighting results from updated evaluations or feedback from field visits
- Create visual or text content that tells the story of the different stages of the recovery process

An example of the role of a communications strategy in a COVID-19 recovery program is presented in Box 6.3.

BOX 6.3: Implementation arrangements for COVID-19 recovery in The Gambia

As part of its National Response Strategy to COVID-19, The Gambia has developed some key implementation arrangements including coordination, monitoring and communications. On communications, it notes that effective communication and information management is crucial in implementation of the Strategy. A communications strategy has been prepared as a support instrument to facilitate the implementation of the Strategy and Action Plan. This Communication Strategy aims to support the National Covid-19 Secretariat's visibility and advocacy efforts. It conceptualises an adjustable structure that provides direction and guidance of actions on creating awareness, promoting advocacy and strengthening social mobilisation on Covid-19 response and recovery in The Gambia.

SOURCE: Government of The Gambia 2020. National Response Strategy for COVID 19.

Promote transparency in recovery

One of the challenges in implementing a recovery program is to control corruption and increase transparency. These two goals require instituting an audit system. The system encompasses public auditing of procurement and disbursements, carrying out a technical audit of the works carried out, and conducting a social audit of the benefits delivered. While, in most countries, a financial audit of accounts and expenditures is a well-established system,

technical and social audits are relatively new, evolving concepts. A technical audit is an audit performed by an auditor, engineer or subject-matter expert to evaluate deficiencies or areas of improvement in a process, system or proposal. Technical audit covers the technical aspects of the project implemented in the organisation. Social auditing is a process through which a recovery and reconstruction program is able to monitor its social, economic, and environmental benefits by involving all the stakeholders: NGOs, homeowners, donors, and the implementing agency. The promotion of transparency is also supported with the establishment of feedback and complaint handling mechanisms, which would allow the various stakeholders of the recovery and benefiting communities to express themselves on what works and what does not, and how to adopt corrective measures.

Next steps for Framework implementation

The Recovery Framework provides guidance for countries and regions in Africa to prepare or revise their own approaches to COVID-19 recovery. Box 6.4 provides an example of a country integrated COVID recovery in its planning framework.

For other countries to do so, the following steps can be taken:

1. Disseminate the Recovery Framework widely at the country and regional levels as a resource and guide for planning;
2. Conduct COVID-19 Recovery Needs Assessments (CRNAs) to identify country or region-specific pandemic impacts and the corresponding needs for socio-economic recovery;
3. Build on the results of the CRNAs to initiate participatory planning processes to develop country or region-specific recovery frameworks;
4. Ensure that institutional arrangements, financing mechanisms and approaches for accelerated implementation are in place; and
5. Initiate implementation of the frameworks.

The African Union and its partners stand ready to assist individual countries and RECs with technical assistance for development of CRNAs and/or recovery frameworks. Similar support can be provided to help identify sources of external financing for framework implementation.

BOX 6.4: A comprehensive response program in Senegal

The government of Senegal responded to COVID-19 in 2020 with a comprehensive Economic and Social Resilience Programme, estimated at 7 percent of GDP. Social protection interventions were one of four pillars, alongside strengthening the health system, stabilising the economy to protect jobs and businesses, and securing supplies of food and medicines.

Senegal was one of very few countries in Africa that did not implement a cash transfer response. Instead, the main social assistance intervention was in the form of food aid. The government purchased and distributed food packages (pasta, rice, sugar, also soap for sanitising) to one million poor households.

In May and June 2020, the government suspended electricity and water bills for 975,000 and 670,000 poor households respectively. This mechanism – providing financial support to vulnerable households by subsidising utility payments for some months – was popular throughout francophone countries of West and Central Africa. The deadline for paying taxes was also extended by several months.

The Ministry of Labour passed an Ordinance in April 2020 to prevent the dismissal of workers during the lockdown, except for cases of gross negligence. Employers were instructed to implement alternative arrangements such as reduced working hours or paid leave. During this period, employees should receive not less than 70 percent of their pre-COVID-19 salaries. Employers that complied received financial support and partial credit guarantees (20 percent for large companies, 50 percent for SMEs), especially in hard-hit sectors such as tourism and transport.

Throughout francophone West Africa, including Senegal, the West Africa Central Bank (BCEAO) saw COVID-19 as an opportunity to promote the use of electronic financial transactions, which it did by easing the procedure for opening a mobile money account and offering fee-free transfers between these accounts for a limited period.

One strategic outcome of the pandemic in Senegal was a revised national development strategy, including a new action plan that emphasises achieving self-sufficiency in staple food production to reduce dependence on imports. The revised 2021 budget also includes more support for youth and women employment.

Chapter VI checklist

This checklist covers the different steps required to create effective institutional arrangements for recovery. The list is not comprehensive but provides an overview of the primary steps to be followed.

Lead Recovery Agency

- Set up and run different coordination mechanisms. Coordinate responsibility for recovery across the national government, local government, donor, civil society, and community levels
- Establish standard procedures for project approval, procurement, reporting, and contracts
- Define reconstruction standards

- Set up rapid procurement procedures
- Support decentralised implementation of the recovery activities

- Establish good internal communication among recovery partners. Discourage recovery actors from working in isolation
- Raise awareness of recovery progress through effective public communication. Set clear and realistic goals to minimise unrealistic expectations, and provide a grievance redress to communities
- Ensure transparency in all activities linked to the recovery program
- Undertake monitoring and evaluation of the recovery projects
- Propose mid-course corrections for improving recovery activities

Annex 1: Detailed Information on Methodology

The methodology for developing the **COVID-19 Recovery Framework for Africa** involves a three-phase process of:

- (iv) **Scoping and Situational Assessment** for the COVID-19 Recovery Framework for Africa;
- (v) **Drafting** the COVID-19 Recovery Framework for Africa; and
- (vi) **Supporting AUC to endorse** the COVID-19 Recovery Framework for Africa after extensive consultations with AU Member States and regional actors.

All three phases are led by the AU, with technical support from UNDP, WHO, FAO, UNDRR, and the African Development Bank, and in close consultation with all relevant continental, regional and national stakeholders. A range of stakeholders were mobilised to provide inputs and critical insights on resilient socio-economic recovery from COVID-19, including national disaster management authorities, UN agencies, other development partners, and regional actors.

Phase I: Scoping and Situational Assessment for the Framework (July-August 2021)

The objectives of this phase were to: (i) define the scope of work and methodology to develop a framework for resilient recovery from COVID-19 in Africa; and (ii) carry out a situational assessment to inform the COVID-19 Recovery Framework for Africa. The situational assessment will cover the macroeconomic effects, human impacts, economic consequences, and cross-cutting effects of the pandemic in Africa.

The methodology for undertaking Phase I involves: a) preparation of an inception report; b) a literature review; c) identification of key data resources; and d) preliminary consultations. The inception report was prepared by the team of experts for validation by the AU and UNDP. It included the proposed methodology, a timeline, a coordination mechanism, an annotated outline of the Framework report, and preliminary references. The inception report guided the experts and partners in assembling, analysing and presenting information as well as in structuring the Framework.

Individual consultants and sectoral working groups conducted reviews of the literature on COVID-19 and post-crisis recovery in Africa. The lead consultant identified non-African examples of good practice for use by the team that was drafting the Framework. Efforts were made to capture knowledge from both the formal and informal (grey) literature. The AUC facilitated access to relevant publications by the AU and regional economic communities (RECs).

Individual consultants and sectoral working groups simultaneously identified the most relevant and reliable sources of data for preparing the Framework. Various dimensions of data that were needed include: geographical (at the continental, regional and country levels), thematic, sectoral, baseline, and by risk management (understanding risk, risk reduction, preparedness and response, risk financing, and resilient recovery). An important source of information has been the country-level COVID-19 Recovery Needs Assessments (CRNAs) which have been prepared by several African nations (UNDP, 2020c). Access to metadata was sought from development partners e.g., UN agencies and the AfDB.

Care was taken to maximise the compatibility of different databases e.g., different sources of data may use dissimilar regions for the African continent³⁶ All sources of data have been clearly identified with linked references that will be available in a continental repository of knowledge.

Preliminary consultations were undertaken with the AU during this initial phase. A launch seminar was organised by the AUC to introduce the study (Framework objectives, approach, Inception Report) to the Inter-department Technical Team and other key AU staff in order to raise internal awareness about the initiative and seek inputs. This was followed by several technical seminars to share initial findings, obtain feedback and develop consensus with internal (AU) stakeholders and external partners (e.g., RECs, development partners, other stakeholders).

In order to ensure that the Framework is sufficiently calibrated to the specifics of the highly complex African continent, priority areas to inform resilient recovery were identified. The guiding principles for the identification of those areas include focus on understanding systemic risk and its critical ramifications at the national, regional, and continental levels.

After these priority areas were identified, a thorough situational assessment was carried out to reveal the impact of the COVID-19 pandemic across these priorities. For example, particular attention was paid to the impact of the pandemic on children and youth who have disproportionately suffered from the pandemic. The assessment included an impact analysis (human impacts, economic damages and losses, effects on governance, interactions with existing humanitarian, environmental and political crises and risks). All relevant resource materials and data sets were organized into a continental repository on COVID-19 impact in Africa to serve as a further go-to source for additional information.

The **outputs** of Phase I were:

1. An inception report to guide preparation of the COVID-19 Recovery Framework for Africa;
2. The situational assessment focusing on priority areas; and
3. A continental repository of relevant knowledge products and useful links.

Phase II: Drafting the COVID-19 Recovery Framework for Africa (September-December, 2021)

The objective of Phase II was to draft the COVID-19 Recovery Framework for Africa. The Framework is a continental-level initiative which addresses the impact of the pandemic from a multi-risk perspective. It provides a Pan-African vision for resilient socio-economic recovery, a shared course of action, and specific policy and programmatic recommendations for its Member States reflecting on continental, regional, and national determinants of recovery solutions in Africa.

In the absence of any national equivalent for resilient socio-economic recovery from the COVID-19 impact, for the many AU Member States, this document can serve as the key reference for policy-level recovery guidance.

The methodology for undertaking Phase II involved: a) a clear division of labour based upon a common annotated outline of the Framework; b) analysis, identification of options and written outputs by individual consultants, sector working groups and lead partner organisations; and c) consultations with select Member States and other stakeholders.

³⁶The Framework expert team has agreed to use, wherever possible, the AU's five regional groupings for Africa (see Annex 4 for list of countries by region).

To clearly organize the work, the Inception Report contained an annotated outline that identified who will be responsible for key sections of the Framework report. The lead consultant coordinated with team members and other partners to ensure that comprehensive, timely and coherent inputs were developed.

The outputs of team members were based on analyses conducted according to their areas of responsibility which may be sectoral, thematic or both. With the Situational Assessment as a baseline document, they identified key challenges, recovery needs and the opportunities for overcoming hurdles to recovery. This work was informed by examples of good practice from the African continent and beyond.

Consultations took a three-tier approach:

1. **Continental** – a small set of semi-structured questions, developed by each sector team, was prepared seeking overall inputs from all 55 Member States. The questions were configured as a web-survey administered through the AUC in the organisation's five official languages. This process also raised awareness of the Framework exercise itself;
2. **Case studies** – there was a focus on a subset of countries to obtain detailed sectoral and thematic information which built on the semi-structured questions. Criteria for selecting the subset of countries included: geography (e.g., two from each region), political economy, socio-economic situation (commodity exporters, diversified economies, transition economies, pre-transition economies, island economies), degree of vulnerability, state of human development, conflict and fragility, and impact of COVID-19 (high, medium, low). The choice of countries was finalised collaboratively with the AUC; and
3. **Stakeholder groups** - leveraging the network of UN agencies and country offices with other development partners, focus group discussions were held with key stakeholder representatives, especially the private sector, civil society and development partners.

Based on the findings from Phase I, additional high-level discussions were organised by the AUC to shape the content of the COVID-19 Recovery Framework for Africa, more specifically on: (i) the vision and principles for recovery in Africa; (ii) each of the priority areas, (iii) governance mechanisms and monitoring and evaluation (M&E), and (iv) arrangements for financing the Framework.

The Framework includes scenarios (worst case, median case, best case) that present likely outcomes based on the effectiveness of controlling COVID-19, global and regional economic trends, vulnerability to natural hazards, vulnerability to other threats such as conflict and fragility, and opportunities to leapfrog development e.g., digitalisation. Given the time and resource constraints, these scenarios are indicative and general rather than based on rigorous modelling.

The Framework benefited from peer review by a select group of independent international experts and partner organisations for their information and comment.

Phase III: Endorsing the COVID-19 Recovery Framework for Africa (January – February 2022)

The objective of Phase III was to organise consultations with RECs and Member States and facilitate the final endorsement of the COVID-19 Recovery Framework for Africa.

The methodology for Phase III involves: a) advocacy work; b) an endorsement process; and c) dissemination. Advocacy work at the national level among the AU's MSs was to help ensure their full ownership of the Framework. It involved presentations and discussions of the draft Framework with AU leadership, regional organisations, individual countries, and stakeholder groups.

Official endorsement of the document will create the foundation for further adherence to resilient recovery efforts at the continental, regional, and national levels, creating thereby momentum and synergy across various partners. The window of opportunity for endorsing the Framework is at the highest decision-making platform, the AUC Summit, and includes the following milestones to meet:

- **Africa Regional Platform and High-Level Ministerial Meeting on Disaster Risk Reduction 16-19 November 2021.** Preliminary draft of the COVID-19 Framework for Africa was presented, during the Africa Regional Platform, to the member states' experts and wider stakeholders on 17 November and to the African Ministers responsible for Disaster Risk Reduction on 19 November 2021. The Ministerial Session resulted in "Nairobi Declaration on accelerating the path to achieving the goals and targets of the Programme of Action for the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 in Africa ". The Nairobi Declaration "requested the African Union Commission to accelerate the development of the COVID-19 Recovery Framework for Africa for consideration and adoption by the 4th Ordinary Session of the Specialized Technical Committee on Agriculture, Rural Development, Water and Environment; and urged Member States, Regional Economic Communities and other stakeholders to support the process".
- Technical Validation by AU member states on 2 December 2021.
- **4th Ordinary Session of Special Technical Committee (STC) on Agriculture, Rural Development, Water and Environment (ARDWE) 13-17 December 2021.** The framework will be submitted to STC-ARDWE for adoption by the STC. And given its cost, to be further submitted for inclusion on the agenda of the AU Summit in Jan/Feb 2022.
- **The AUC Summit** will take place on 6-7 February 2022. The Framework can be officially endorsed only at the AUC Summit and only if the Framework received positive feedback from the previous steps.

A dissemination strategy will be developed to raise awareness and use of the Framework. It will be followed by implementation of the dissemination strategy to member states, development partners and other stakeholders in order to guide and finance post-COVID recovery at the national, regional and continental levels. This will also include targeted outreach to development partners to facilitate support for the preparation and implementation of country-level recovery frameworks.

The **expected outputs** of Phase III are (i) meetings organised in each REC with the regional and national partners to present the Framework, (ii) the endorsed Recovery Framework for Africa and (iii) a dissemination strategy.

Annex 2: Detailed Health Sector Recovery Recommendations

Short-term

Health Information Systems

- Review and update data collection modalities and platforms, to adapt them to COVID-19 measures, while ensuring that data is disaggregated by age, gender, and disability
- Strengthen passive and active surveillance mechanisms and systems for COVID-19
- Link COVID-19 surveillance with hospital and laboratory data and mainstream into Public Health Emergency Operations Centres (PHEOC)
- Improve reporting mechanisms and systems to ensure that there is timely data to inform the operations coordinated by COVID-19 IMS
- Strengthen information-sharing mechanisms, ensuring that flow between community, district, regional and central levels is effective
- Train health workers on any adaptations to the health information system

Health Workforce

- Assess health workforce capacity and identify any shortages in quantity and quality, in all areas, to ensure that the COVID-19 response plans can be implemented
- Create surge capacity, including through the activation of the dormant workforce, accelerated training, redeployment, or task-shifting
- Train staff on new guidelines, protocols, and guidance, employing innovative approaches to maximise effectiveness and efficacy
- Train health workers on how to communicate correctly and sensitively with the patients and the public during the COVID-19 outbreak
- Address key health workforce challenges such as safety, accommodation, transportation, childcare etc. to ensure they can be free to work
- Address potential occupational health risks and provide psychosocial support to staff who need it

Medical Products, Vaccines and Technology

- Evaluate and create a list of the essential stock required for the COVID-19 outbreak as well as the non-COVID related conditions
- Review procurement processes and supply chain management system to ensure rapid deployment of needed products and commodities
- Use capacities of local manufacturers to produce required medical products and commodities such as PPE, masks, hydro-alcoholic gel, and assistive devices
- Collaborate at the international/Regional level, on the development, manufacture and distribution of vaccines, medicines, and other consumables
- Collaborate at the international/Regional level, on the manufacture and distribution of medicinal products, equipment, and technology
- Strengthen laboratory test capacity including by adapting testing modalities and platforms, ensuring the availability of lab equipment, reagents, and other consumables, and increasing human resources

Health Financing

- Estimate the loss caused by COVID-19 outbreak based on the adapted PDNA methodology or country-owned tools and methodologies
- Estimate the financial resources required for the health system to continue to provide COVID-19 and non-COVID related care
- Identify financial sources needed for health systems recovery using the build-back-better approach
- Develop a plan for securing the required funding, from governments, ministries of finance and external partners where necessary
- Identify and address additional challenges to revenue-raising, pooling, and purchasing, caused by the pandemic
- Develop and implement financial protection programs to ensure access to services for all without the risk of financial hardship

Service Delivery

- Assess and address challenges in access and accessibility to health care services including those caused by COVID-related reorganisation of service delivery
- Expand the health services benefit package to ensure health needs resulting from COVID-19 outbreak are covered
- Establish priorities for health services not related to COVID-19, to ensure the uninterrupted delivery of urgent lifesaving, essential, routine services
- Adapt service delivery platforms and modalities as necessary
- Strengthen integrated emergency care services including community, pre-hospital care and transport, and facility-based (hospital) services
- Develop and implement the hospital strategy, for the admission, referral, internal transfer, discharge of patients with severe acute respiratory infections, in line with relevant criteria and protocols, and in coordination with local health authorities
- Designate facilities to receive, treat and rehabilitate COVID-19 patients, assessing their readiness and capacity and monitoring their performance and quality of care to ensure a person-centred care
- Establish and maintain specialised teams for COVID-19, including rapid response teams, infection control and prevention teams, etc.

Medium to Longer-term

Health Information Systems

- Integrate COVID-19 case detection and reporting systems into the national health information system, using an integrated disease surveillance approach and coordinating information sharing and communication to ensure the process is efficient and effective
- Strengthen the early warning and surveillance systems for infectious diseases
- Review and strengthen the data collection platforms and modalities
- Strengthen district-level systems to support evidence-based decision-making
- Strengthen health inequality monitoring mechanisms

Health Workforce

- Reactivate normal regulatory mechanisms that may have been paused or adapted to improve surge capacity for the outbreak
- Create or review health workforce database to get an overview of human resources, taking into account the surge capacity and losses to the outbreak
- Develop short and long-term workforce planning taking into account the current and future needs of the population
- Absorb workforce created by the outbreak, through the implementation of measures such as redeployment, retraining or the decision to make some dormant again

Medical Products, Vaccines and Technology

- Integrate COVID-specific procurement and distribution systems into the existing system
- (Re)establish the normal medicines procurement and supply chain
- Strengthen national procurement, distribution, and supply chain capacities
- Strengthen national pharmaceutical capacity including with regards to manufacturing, inspection, and regulation
- Strengthen research capacity and promote public-private partnership including with academia and labs

Health Financing

- Identify and address any challenges related to revenue-raising, pooling, and purchasing
- Advocate with government to increase public domestic funding for health
- Advocate with the government to prioritize health care in their budget, particularly when resources become scarcer
- Where necessary, advocate with donors to increase funding and support preferably through a pooled and dedicated health systems recovery pooled fund
- Implement policies and plans to improve access to health

Service Delivery

- Review and where necessary, integrate COVID-specific service delivery modalities into the existing system
- Review service delivery modalities and platforms, adapt them to the population's needs and address any gaps
- (Re)implement policies that ensure barrier-free access and accessibility to health services
- (Re)activate primary health care, strengthening referral systems functionality and the links between primary, secondary, and tertiary levels of care

Annex 3: Detailed Economic Recovery Recommendations

Continental

1) Facilitate trade and commerce

Short-term measures:

- I. Border authorities to display step by step simple guidelines on COVID-19 border regulations for cross-border transport operators and traders
- II. A common COVID-19 test certificate or proof of vaccination may be agreed upon to allow trade for petty traders and informal businesses at the borders. However, this agreement should be cognizant of the risks of unregulated movement of pathogens and hazardous goods
- III. Those countries not ready to reopen official border crossings to informal traders on foot, authorities at the border can facilitate the aggregation, transportation and clearance of their goods and extend social relief to informal traders through cross border trade associations
- IV. Implement anti-corruption measures to address the needs of small and informal traders by controlling giving and taking of bribes and stopping harassment and violence

Medium to long-term measures:

- I. Improve and expand Simplified Trade Regimes (STR): The COMESA members have agreed to a STR arrangement to formalise and improve the performance of small-scale cross border traders to enable them to benefit from the regional preferential treatment when importing or exporting goods within the region. A coordinated collective effort by the RECs and the Member States to specifically address this issue may be recommended as a short to medium-term recovery measure
- II. Some of the steps to simplify trade regimes to adapt it better for informal traders may include waiving the certificate of origins, relaxing requirements for export/import permits and sanitary and phytosanitary certification – for instance on trade of essential goods, or expanding the lists of goods eligible for STR treatment. Improving STRs and making it more inclusive of informal traders could contribute to draw informal traders, specifically women who make up the largest share of cross border traders towards formalisation
- III. Facilitate cross border trade through mobile banking and payment systems and encourage reduction of risky cash-based payments

2) Address youth unemployment

Short-term measures:

- I. Extend Income support measures and social protection coverage including unemployment benefits to vulnerable youths
- II. Equip youths with the right skills and promote entrepreneurship training among youths to stimulate employment in new sectors. An enabling environment consisting of

social networks, mentors, finance and technology can be effective in promoting youth entrepreneurship

- III. Promote labour demand and employment by supporting the private sector, especially MSMEs

Medium to long-term measures:

- I. Developing comprehensive employment policies to promote good quality jobs among youth.
- II. Focus on identifying employment growth opportunities for young women and vulnerable youth through sectoral development policies. Focusing on TVET policies and necessary actions could increase prospects of youth employment
- III. Identifying supply and demand gaps and designing human capital development policies to match supply with demand

3) Facilitate digitalisation of the economy

Short-term measures:

- I. Lowering of digital transaction costs and ensuring affordability. Affordability is a lingering obstacle to adoption of digitalisation, given the high overall cost relative to income. Lowering transaction costs can help consumers access other financial services such as risk management options and investments, helping households improve their financial stability and resiliency.
- II. Adoption of Financial Technologies. Mobile money services provided by Financial Technology and telecom operators are increasingly filling the gaps that traditional banks have never been able to address. The Central Bank's financial inclusion drive, favourable regulatory policies and revising the Know Your Customer requirements are some of the incentives to accelerate development.
- III. Bridge gender gaps in digital access. Promoting gender-responsive policies and strategies, using digital solutions to deliver COVID-19 relief measures targeted at rural women and girls, dedicating funds for support to women-led enterprises and cooperatives through digital technologies, investing in the protection of internet users (special focus on illiterate and vulnerable against cybercrime, including sexual harassment) can be some of the measures to bridge the digital gender-gap.
- IV. Closing the digital gap for micro-enterprises. Digital finance has untapped potential in SSA, in terms of tailoring financial services to local context and end-user characteristics. In general, financial inclusion can increase economic output. Accessible financial products at affordable prices can boost economic growth. Encouraging MSMEs to adopt digital tools is important to make them more resilient to fight against the pandemic. In order to support these businesses, an approach to leveraging existing technology and creating new offerings tailored towards MSMEs in Africa may be rolled out with the support of respective AU Member States.

Medium to long-term measures:

- I. E-health and E-education. Public-private partnerships should be established to strengthen areas like health and education. Providing the public with high-quality digital health and education services would lock-in the society to continue adopting digital development pathways.
- II. Improving digital skills of users and boosting nascent demand for digital services are the two biggest barriers to digital entrepreneurship in African developing countries. Investment must be channelled to (a) develop an African digital ecosystem of local digital content and services, and (b) broad-based skills development for all citizens to get the most out of connectivity.
- III. New models of digital infrastructure investment are needed, including financing partnerships between mobile operators and government to build shared infrastructure, to unlock recovery and leapfrog development in many rural or remote areas. Adopting FinTech solutions based on big data and machine learning can lead to a decrease in the cost of credit risks.
- IV. The AU's Digital Transformation Strategy states that a "massive online digital skills for all" programme needs to be pushed forward. As governments integrate digital skills acquisition into national curricula for students, it can be extended to businesses and community organisations to provide them with options for life-long learning on digital topics.
- V. Expansion of fibre networks. A rise in local demand for cloud and bandwidth-intensive services, has increased the urgency of expanding fibre-optic networks. Private operators should increasingly be encouraged to invest in new backbone infrastructure, which will help to expand fibre beyond its traditional centres in wealthier suburbs and high-density commercial areas.

Measures common to all regions

1) Promote horticultural value chains

Short-term measures: (a) rebuild the operational assets like irrigation, trellises and shade structures, (b) provide subsidy schemes for immediate loss of perishable products, (c) government procurement for better agricultural activity in the next harvest season, (d) facilitate supportive institutional environment for warehousing and logistics, (e) form apex bodies of all stakeholders (such as the Ghana Cocoa Board), to advise and assist in making funds available for the horticulture sector.

Medium-term measures: (a) accelerate digital adoption and improve farmer's access to upstream and downstream markets, strengthen rural and urban linkages and help build resilient supply chains, (b) technology adoption to optimise fruit and vegetable production that meets market requirements in terms of both price and quality, (c) build farmers' capacities, (d) adopt genetically modified (GM) crops based on scientific evidence: Africa has the highest area of arable uncultivated land in the world yet most farms occupy less than two hectares (e) adopt water efficient irrigation systems to improve productivity, bring uncultivated land under cropping areas, create jobs both in farming thereby increasing farmers' incomes, as well as jobs in systems maintenance/technical support to farmers, (f) develop cooperatives that comprise actors from multiple horticulture sectors and crop-based associations to help deal with issues of credit access, seeds, nurseries, obtaining disease-free planting material and other farm inputs.

Long-term measures: (a) reform land ownership with productivity and inclusiveness in view. Africa has the highest area of arable uncultivated land in the world yet most farms occupy less than two hectares, (b) commercial farms as well as resource-limited farmers may plant deciduous fruit crops, other fruit crops and rootstocks that are suitable to their specific climatic and soil conditions, (c) build a robust e-commerce ecosystem, (d) establish formal institutional linkage, (e) invest in green recovery/sustainable agriculture plans to meet the climate crisis.

2) Harness the Blue Economy potential

Short-term measures:

The short-term strategies given below primarily focused on ensuring health and safety of value chain actors, and looking after their food, nutrition and economic insecurities.

- I. Most Governments across Africa have taken immediate measures to address the financial needs of businesses by providing tax waivers and easy credit facilities. These measures should continue in the short-term. Action should be taken to favour women's access to credit.
- II. Aid packages are to be scaled progressively. Caution should be exercised so that these programs do not exacerbate inequalities rather than reduce them. For example, financial aid can be weighted in favour of smaller boats or farms rather than allocating a flat fee per unit size or area. Cash and in-kind transfers by local institutions (where no national social protection schemes exist) to support the most vulnerable.
- III. Reopening of physical market places and transport and logistics are essential for smooth functioning of the aquatic food value chain. They must be kept open albeit with implementation of COVID-19 specific protocols. Support should be provided to small businesses to facilitate sanitation and handwashing facilities in processing units and fish factories.
- IV. Vaccinate the actors along the aquatic value chain. Provide personal protective equipment to the crew in the fishing vessels.
- V. Initiate social protection coverage to the vulnerable workforce along the aquatic value chain. This should include a large number of women who are largely engaged in processing activities. Special considerations should be made for migrant workers who make up a significant part of the aquatic workforce.
- VI. Remove trade facilitation bottlenecks in particular by dealing decisively with rent-seeking with malpractices at multiple border checkpoints.
- VII. Establish a regular process of consultations between government, fishery professionals, relevant workers and business associations to identify emergent problems and bottom-up solutions.
- VIII. Assist small businesses in the aquatic value chain to join e-commerce platforms.
- IX. When promoting aquaculture and fisheries as a pro-poor strategy, draw up a plan considering gender specificities as gender-based patterns are predominant along the chain. For example, women are usually involved in the domestic marketing of fresh and cured fish products while export of smoked dry products is mostly carried out by men.

Medium term measures:

In the medium-term, efforts should be made to identify and correct weaknesses in the existing system and initiate systemic and policy changes. Support for vulnerable groups to continue. Financial assistance and payment relief to small businesses may be phased out only after due evaluation and needs assessment.

- I. Establish systems to improve data collection and monitoring to track changes and bring in speedy interventions wherever necessary.
- II. Improving governance frameworks by encouraging the private sector and civil society to participate in formulating sectoral policies and resource management measures.
- III. Provide digital literacy training to aquatic value chain actors.
- IV. Water quality plays a large role in keeping both the fish and the surrounding ecosystem healthy and prosperous. Water quality tests should be performed regularly.
- V. Addressing issues related to aquatic food value chains and food, security and nutrition in an integrated policy framework and workout strategies for actual implementation.
- VI. Investing in cold handling and storage systems to prevent fish perishability and wastage.
- VII. Investing in Fish processing plants to convert fresh or frozen fish into various types of processed products. Demand for processed products saw an increase during the pandemic.
- VIII. Facilitating intra-regional trade in fish and aquatic products under the ambit of the AfCFTA.

Long-term measures:

Such interventions have been formulated with the aim of designing a durable and resilient recovery aligned to future development goals of the blue economy.

- I. Upgrade critical infrastructure such as roads, electricity and marketplaces
- II. Investing in human capital and high skills training to actors in the aquatic value chain
- III. Invest in R&D to promote production of nutrient rich aquatic foods
- IV. Develop comprehensive social protection systems for the aquatic workforce so that they become resilient to future shocks
- V. To develop a comprehensive country wise National framework for the blue economy. Render support to evidence-based policy making by developing improved information systems on vulnerable marine ecosystems and fragile habitats
- VI. Support responsible fishing and sustainable growth in aquaculture in alignment with CODE (Code of Conduct for Responsible Fisheries) principles and sustainable development goals
- VII. Deepen intra-regional and international trade in high value aquatic species and value-added and processed products

3) Support for MSME development

A. Artisanal and Small-scale Mining (ASM)

Short-Term measures:

- I. Vaccination of ASM operators. ASM is labour-intensive with thousands of miners working in confined spaces, posing a higher risk of transmission. Their mass vaccination is essential.
- II. Social protection and welfare measures for ASM sector miners. The ASM miners, especially the gold sector miners have been adversely affected despite the relatively high gold prices. Given that almost 80 percent of ASM is informal, there is little guarantee that the recent increase in gold prices will benefit this group of miners. Therefore, cash transfers, job creation, food and health supplies can be some of the ways to protect them.
- III. Exemption of mining supply chain actors from border closures and travel curbs.
- IV. Facilitate credit measures, access to markets, essential marketing skills and knowledge especially to ASM sector.
- V. Creating a dialogue forum between ASM miners, large miners, the workers' organisations and other institutional stakeholders. This forum could also help facilitate integration of ASM players into regional and global value chains typically controlled by the corporate and conglomerate operators. Initiate capacity building and training based on business and OSH needs which the institutions and businesses could collaborate on. Training of ASM workers and providing them with PPE/OSH kits may be an incentive for ASMs to adhere to COVID-19 health protocols and adopt decent work practises.

Medium-term measures:

- I. Set-up policies to curb the conflicts between ASM and Large-Scale Mining (LSM) workers.
- II. Greater protection of property rights of ASM workers.
- III. It is important that countries enforce compliance of mining agreements in their operations with relevant countries' mining codes (especially the gold producing countries). In order to adhere to the codes, the mining companies would put in place Disaster Risk and Business Continuity Plans, which would mitigate the adverse effects of shocks the sector is experiencing.
- IV. Introduction of windfall-profit tax which could go into effect when gold prices reach a particular threshold.
- V. Tackling the smuggling and money laundering in the ASM gold sector. Illegal mining threatens the viability of the mining sector and the overall economy.
- VI. Expedite digitalisation. There is a significant potential for digitalisation in the ASM sub-sector by helping small-scale miners achieve efficiencies, expand business by becoming part of larger supply chains and generate better environmental and economic solutions. Formation of cooperatives and other groups can integrate the fragmented ASM sector. This in turn can facilitate ASM miners increase their production and market access.
- VII. Enhance electricity access and consider investing in solar power in the mining sector. Solar panels can produce electricity at a lower cost and with a local resource.

Long-term measures:

- I. Structural transformation in the sector: Over-dependence on Chinese demand for African raw materials has exposed vulnerabilities in the structures of a number of economies. While COVID-19 has exacerbated these vulnerabilities, at the same time it has presented an opportunity for structural transformation. Countries with abundant resources to fuel global energy and transport revolutions (such as chrome, manganese, copper, cobalt and lithium) should embrace the opportunity for governance reform now to reduce dependence on hydrocarbons and develop global markets for other materials, preferably with some level of value-addition prior to export.
- II. Building gold refining capacity: It is important that African countries put in place measures that encourage the establishment of gold refineries in the continent, as a way of locally adding value to the product. It would not only enable the countries to capture more value out of the commodity, but it is also likely to reduce the market risk for ASM miners.
- III. Build industries to service mines: Multinational firms from Europe, North America and more recently China still dominate the extraction and refining of most of minerals mined in Africa with minimal roles for African firms. From these minerals, foreign manufacturing firms produce consumer and industrial goods for sale in global markets at much higher prices than what's paid for the raw materials. Africa can get more from its minerals by building industries to service mines and add value to their own natural resources to drive economic development.
- IV. Formation of conducive and legal frameworks. Highly centralised bureaucratic licensing structures[12] present failures of the state and encourages an informal ASM sector, which attracts opportunistic but well-resourced illegal foreign and local entrepreneurs who usually operate using heavy earth moving machinery with devastating environmental impacts.[13] Therefore, efforts must be taken to develop conducive and comprehensive legal frameworks, not only to ease restrictions on licence acquisition, but also access to land, gender equality, community participation, environmental safety and labour standards.
- V. Enforce legislative changes in the mining codes: This would increase government revenues and ensure its appropriate use. As mining codes are updated, governments must go ahead and invest in communities where mines are located. It is very important that the government put aside funds that can be used to support relief efforts in case of shocks such as the pandemic.

B. Address needs of the tourism sector. With a recovery that is expected to be slow and uneven among regions, especially due to the new COVID-19 variant Omicron, supporting the tourism sector in Africa in these challenging times will be critical. The immediate concern is the damage that the restrictions are causing to families, the travel and tourism industries and businesses. In these difficult times, policies to ensure the sector can benefit the communities and the vulnerable population relying on it, needs to be supported and implemented.

Island and coastal destinations. Some of the popular island destinations in Eastern and Southern Africa are Mauritius, Seychelles, and Zanzibar (Tanzania). The main challenge of this segment is its capacity to recover if the pandemic continues in their key source markets beyond 2021, and their own vaccination rates are below acceptable thresholds. Some of the coastal countries in these regions also have leisure spots that are popular which attract tourists with average duration of stay being longer (viz. South African Garden Route) earning higher revenues per capita than other spots.

Art and Heritage Destinations. The countries in Northern Africa like Egypt, Morocco and Tunisia are popular tourist destinations for their attractive art and heritage and also the Mediterranean Sea. The main challenges for these countries are low vaccination rates (especially in Egypt) and spill-over of regional instability and insecurity issues. Gender gaps are wider and skills mismatch exist in the sector where women, young people, and graduates are often excluded from the labour market despite their acquisition of qualifications and degrees.

Safari and scenic destinations. Africa is the world's number one destination for safaris that range from the very simple to exotic. East African countries like Kenya, Tanzania and Uganda are strongly reliant on the tourism industry for generating income. The Serengeti Great Wildebeest Migration in Kenya and Tanzania have become popular safari destinations. Similarly, popular are the national parks and game reserves in South Africa, Zambia, Zimbabwe and a few other neighbouring countries. The Victoria Falls (Zimbabwe/Zambia), Mount Kilimanjaro (Tanzania) and a few other locations are also popular scenic destinations. All these destinations have suffered decline in tourist arrivals during the pandemic.

Short-term measures:

- I. Increase vaccination rates in the country which will restore travellers' confidence
- II. Social assistance, cash transfer programmes to deeply affected tourism-dependent households and especially to the informal and seasonal workers increase unemployment benefits. Debt relief assistance for informal micro-enterprises and own account workers.
- III. Re-launch destinations through 'back in business' promotions to key source markets, and businesses should seek to understand the trade-offs of extending discount offerings.
- IV. Reduce the cost to do business for continuing to maintain operational licences during these times.
- V. Initiating credit facilities for the MSMEs, especially women-owned, is necessary to stimulate entrepreneurship in the economy.
- VI. Address "red tape banking" to ease credit facilities for MSMEs. Excessive regulation or rigid conformity by banks hinders credit access.
- VII. Upskill and re-skill workers: Revival of the tourism sector is likely to be prolonged. Some of the workforce may need to be re-skilled to give them alternate livelihood options or avail job opportunities in other sectors of the economy or provide seed capital to start their own micro-businesses. Setting up of vocational institutes, providing on-the-job-training programs, and learner-ships may be necessary to support such labour market re-orientation programmes.

Medium-term measures:

- I. Digitalisation: Though most of the countries have taken measures to develop the digital infrastructure, a new way to introduce a digital health passport to ensure health is embedded in every aspect of travel can increase passengers' feelings of safety when travelling. Use of digital identity and biometrics technologies can restore trust and ensure a seamless journey.
- II. Expand the coverage and improve the targeting of social protection programmes for the large population of informal sector workers in the tourism sector.
- III. Develop a close-knit partnership between stakeholders in the tourism industry and a strong public-private partnership.

Long-term measures:

- I. Establishing critical infrastructure: The tourism economy needs an upgraded airport terminal with international safety equipment; flight connections to large nearby cities; investors in resort facilities and tourism services; and the cleaning up and regeneration of the attraction sites. Shift from hotels to villas, private homes and other non-traditional accommodation can accelerate demand in the case of Mauritius and Seychelles. Expansion of capacity for domestic production is critical for Seychelles to curb its excessive dependence on imported inputs.
- II. Green tourism in recent years has been important for tourists when choosing a holiday destination mainly due to environmental issues and change in consumer preferences.
- III. Convergence of sustainable tourism and the blue economy. For example, in Sao Tome and Principe, a fishing harbour for industrial and semi-industrial boats and a deep-water harbour needs to be set-up. No large ship can land, so all cargo is offloaded onto small tug boats out at sea and then offloaded again in the country's small, congested port. This is a major missing enabler to support the blue economy in the country.
- IV. Diversification: Development of light manufacturing; convergence of sustainable tourism and the blue economy, seafood processing and seaport activities; expansion of agriculture/horticulture can be ways to diversify the economy so as to lower the risk from being affected from future shocks. Development policies to safeguard land-use conflicts between agriculture and tourism and water shortages are required by the countries.

Some good examples of proposed initiatives can be found in the Zambia Tourism COVID-19 Recovery Needs Assessment Report. The initiatives aim to reopen the sector and implement medium to longer-term measures that prioritize sustainability and inclusive development through policy reforms and institutional changes (UNDP, 2021).

C. Develop light manufacturing through green enterprises. Recovery measures to support the MSMEs in light manufacturing (many of which may be unregistered businesses) and trading need to be envisaged as a continuum where implementation begins in the short-term but then transitions into the medium and long-term. The recovery recommendations such MSMEs can be broadly grouped into five categories, viz. (a) easier access to credit at lower interest rates and seeking minimal collaterals, (b) job creation support for micro and small businesses, (c) entrepreneurship orientation, training, capacity building, and handholding support, (d) facilitation of technology adoption in the emerging and transitioning African economies, and (e) improving the quality of industrial statistics and industrial policy monitoring.

Short-term measures:

- I. Easier access to credit at lower interest rates and seeking minimal collaterals. Extending these measures to informal economy enterprises, unregistered businesses and own account workers will help them stay afloat and support recovery. In addition, considering the extent of revenue lost incurred by the MSMEs and the income lost by their workforces, there is a need to enhance the pool of resources for extending credit to them in order to support their recovery.
- II. Job creation support for MSMEs. Support in times of strained public finances needs to be carefully structured and implemented judiciously to derive maximum socio-economic benefits from public investments or revenue foregone to the exchequer.

- III. Support entrepreneurship orientation, training, capacity building, and handholding support. Besides credit assistance, most of the micro-entrepreneurs also would need training for capacity building, handholding support by way of expert technical assistance as they may not be equipped to navigate out of this crisis all by themselves. Hence, for effective implementation, the credit assistance package needs to be bundled with technical assistance to get the entrepreneurs initiated on recovering their businesses.
- IV. Enhance trade facilitation. The switch in focus, from the current border infrastructure spending to augmenting human resources and operational measures to reduce dwell time at the borders can be effective. Enhanced intra-African trade through the AfCFTA could facilitate leapfrogging into green industries and renewable resource-based technologies. By lowering trade barriers, trade agreements can also facilitate the diffusion of environmental goods and services.

Medium-term measures:

- I. Improving the quality of industrial statistics and industrial policy monitoring. Adoption of national standards aligned to international standards is an imperative for any country to enhance its export competitiveness.
- II. Facilitation of technology transfer and adoption by the emerging and transitioning African economies. Technological change brought about by Emerging Green Technologies (EGTs) is relevant for both developed and developing countries. EGTs in the manufacturing sector can contribute solutions to environmental problems while enhancing countries' competitiveness.
- III. Initiate awareness about opportunities in the green economy (such as green building construction materials) especially to firms who continue to source unsustainable inputs and continue to pollute water and air. Also improving the TVET institutions and upskilling the workforce in technological intensive sectors will be a key enabler in the process of structural transformation to increase value addition, thereby helping the countries to achieve industrial competitiveness.

Long-term measures:

- I. Setting up an adequate legal and regulatory green economy framework which will act as an incentive to MSMEs to move towards sustainable operations. To protect the economy from virtual de-industrialization and growth of informal MSMEs, setting up a legal economy framework is of urgent need.
- II. Improve the functioning of Special Economic Zones that face infrastructure constraints (e.g. power deficits), inadequate business services provisions, burdensome regulations and business procedures, a fragmented incentive framework, institutional coordination failures, and a weak design that does not leverage strategic anchor industries for greater agglomeration economies. It can build up competitiveness of economic corridors and promote economic growth.

A good example is the Green EnterPRIZE Innovation and Development in Zimbabwe for US\$3.4 million aims to promote sustainable enterprises to create green and decent jobs especially for young women and men. The outcomes show 2,000 such jobs were created, 1,000 jobs were improved, and 3,000 youth were trained. Such interventions can stimulate the market for green products and services through expansion of access to skills for green jobs and investing in greening of existing enterprises (ILO, 2017).

D. Transportation services. Recovery recommendations for the transport sector are grouped by short, medium, and long-term measures are enlisted below.

Short-term measures:

- I. Prioritise vaccination, implement health and security measures in the transport sector with provision of latex gloves, sanitization, social distancing, random testing, and streamlining quarantine measures, especially to ensure safe cross border trade.
- II. Supporting public transport operators by implementing health protocols; to protect staff and passengers, curb spread of COVID-19, as well as to run the economy at the same time.
- III. Immediate financial support to public transport companies, with a focus on informal operators, through associations or unions under specific conditions; tax or license payment waivers targeting formal and informal operators; concessions to informal transport operators to compensate for losses incurred as a result of restrictions; assist vulnerable populations and negotiating a minimum level of public transport service and availability with operators.
- IV. Facilitate credit facility for covering variable costs such as ongoing operational needs or for renewal of fleets.

Medium-Term measures:

- I. Introduce quality-based competitive licensing, considering the financial, legal, and ethical status of the companies, as well as the quality of the trucks, and the training of the drivers.
- II. Adopt regional harmonisation of trucking regulations, vehicle standards and licensing arrangements to promote cross-border integration.
- III. Facilitate movement of truck drivers by adopting multiple-entry or visa-free entry for truck drivers to increase flexibility of cargo operations.
- IV. Using digital tools to upgrade customs clearance and other cross-border trade facilitation processes thereby expediting clearances and minimising physical contact. Customs and Sanitary and PhytoSanitary (SPS) agencies should work together to design special regimes for expedited clearance of critical commodities.

Long-term measures:

- I. Deploy new technologies. Introduction of cashless fare collection and fleet management, implementing e-mobility in mass transport systems can help improve the efficiency.
- II. Collaboration of the private sector with the border agencies. Private sector should come forward and work with the border agencies to undertake pre-assessment of imports through advance screening of documentation. This will help to identify and prioritise import activities prior to commodity arrival.
- III. Investment in greening the transport sector. Investment in transforming the transport sector as a recovery measure post pandemic could create additional employment and help countries move to greener and healthier economies.
- IV. Establish green lanes for trucks at all borders. This will prevent additional stopping of trucks at borders thereby reducing the wait time.

A good example is the Trade and Logistics Services Competitiveness Project of USD\$18 million aims to improve the legal framework, trade facilitation, modernise trucks and train transport professionals in Togo (World Bank, 2022). South Africa has already launched a green transport strategy which will enable the transport sector to generate additional employment opportunities as well as public health benefits. (<https://sdg.iisd.org/news/south-africa-launches-green-transport-strategy/>)

Annex 4: Focus Group Discussions

Focus group discussions were conducted across the continent in order to get the inputs and perspectives of various stakeholders on recovery aspects for Africa. Each of the sessions was conducted virtually via Zoom apart from the Afstag/ Periperi U and the IGAD meetings which were conducted in-person at the Trademark Hotel in Nairobi and the IGAD Climate Prediction and Applications Centre in Ngong, Kenya. Where the meetings were held physically, appropriate COVID-19 safety precautions were followed. The table provides information on the sector or geographic focus of the FGD, the date conducted and the list of participants with their country affiliations. Each of the sessions lasted on average about one hour and the list of participants reflects the details of those who managed to participate in the discussions though in each case many more participants were invited.

#	FGD	Date Conducted	List of Participants
1	Afstag/ Periperi U (research and Academia)	23/11/2021	<ol style="list-style-type: none"> 1. Prof. Djilali Benouar (Algeria) 2. Dr. Nicodemus Nyandiko (Kenya) 3. Adama Bamba 4. Abdoul Oubeidillah (Comoros) 5. Mady Ibrahim Kante (Mali) 6. Assial Alladoumngue (Chad) 7. Thabo Ndlovu (Zimbabwe) 8. Paulina Ekuia Amponsah (Ghana)
2	IGAD (Horn of Africa, Nile Valley and the African Great Lakes)	24/11/2021	<ol style="list-style-type: none"> 1. Dr. Ahmed Amdihun (IGAD) 2. Emmanuel Okecho (Disaster preparedness officer in the office of the prime minister- Uganda) 3. Betty Scopas (Head of Early Warning System in South Sudan Ministry of Humanitarian Affairs and Disaster Management) 4. Abeba Kiros (Disaster Risk Management Commission- Ethiopia) 5. Dr. Martin Talian (Disaster Risk Management Specialist at National Disaster Operations Centre- Kenya) 6. Abdalla Osman (Humanitarian Aid Commission's Early Warning Centre- South Sudan) 7. Hassan Mohammed Anshur (Somalia) 8. Dr. Nicodemus Nyandiko (Kenya)

3	Civil Society	25/11/2021	<ol style="list-style-type: none"> 1. Cleche Batamio (AYAB- Congo Brazzaville) 2. Walekhwa Abel (AYAB- Uganda) 3. Constant Admisse (AYAB- Central Africa) 4. Edward Wanyonyi (Disaster Risk Network for African Journalists) 5. Tabi Joda (Rep of Alliance for Indigenous Knowledge and Practices and Green Aid Movement) 6. Kossivi Adesou (Global Network of Civil Society Organizations for Disaster Reduction Regional Coordinator based in Senegal) 7. Boroto Ntakobajira (Gender Expert at Africa Risk Capacity (AU) in Johannesburg South Africa)
4	ECCAS (Central Africa)	2/12/2021	<ol style="list-style-type: none"> 1. Constantin Michel Mbarga (Cameroon) 2. Joseph Makundi (Congo) 3. HABINSHUTI Philippe (Rwanda)
5	Private Sector	3/12/2021	<ol style="list-style-type: none"> 1. Loy Rego (MPN- Egypt) 2. Nichole Solomons (Global Compact South Africa) 3. Annette Kimiti (SENECA EA) 4. Judy Wambugu (KEPSA, Security Sector Board) 5. Harrison Ngatia (KEPSA) 6. Haron Akala (African Centre for Technology Studies and Nairobi Risk Hub) 7. Vinesh Chintaram (Architect and urban planner) 8. Debabani Chakravarty
6	West Africa	9/12/2021	<ol style="list-style-type: none"> 1. Atikatou Dieng (Alliance Citoyenne- Mauritanie) 2. Dr. Usman Kibon (Centre for Disaster Risk Management and Development Studies, Ahmadu Bello University (ABU)- Nigeria) 3. Moutaye Whoor Hamit (Deputy Director of Promotion of National Attractiveness- Chad) 4. Daniel Obot (National Emergency Management Agency- Nigeria) 5. Ouedraogo Rimzissa (Burkina Faso)
7	Southern Africa	10/12/2021	<ol style="list-style-type: none"> 1. Victor Mahlalela (Disaster Risk Management Agency Programs Director in Eswatini) 2. Eric Seyama (NDMA Eswatini) 3. Sihle Mzileni (NDMA- Eswatini) 4. Bruno Emmanuel (BNGRC- Madagascar) 5. Colonel Felipe (BNGRC- Madagascar) 6. Amelie Yan-Gouiffes (UN Resident Coordinator's Office DRR and recovery advisor in Madagascar)

Consultations with UNDP Country Office Economists in Africa

Date	Country	List of Officials Met	Position/ Organisation
11 January, 2022	Nigeria	Ms. Nabila Aguele	Special Advisor to the Hon'ble Minister of Finance Nigeria
		Dr. Armstrong Takang	Ministry of Finance Nigeria
30 December, 2021	Sierra Leone, Liberia	Mr. Ligane Sene	UNDP, Sierra Leone/ Liberia
29 December, 2021	Dem. Rep. Congo	Mr. Taib Diallo	UNDP, DRC and Burundi
22 December, 2021	Nigeria	Ms. Clare Henshaw	UNDP, Nigeria
20 December, 2021	Madagascar, Comoros	Mr. Daniel Gbetkom	UNDP, Madagascar
20 December, 2021	Mozambique	Mr. Alex Warren-Rodriguez	Senior Economist, UNDP, Mozambique
20 December, 2021	Kenya	Mr. Benson Kimani	UNDP, Kenya
		Mr. Bheki Bhembe	
10 December, 2021	Zambia	Mr. Domigos Mazivila	UNDP, Zambia
6 December, 2021	Regional	Fitsum G. Abraha	Regional Economic Advisor, Nairobi, Kenya

Meeting with other institutions on Africa economic recovery

Date	Institution	List of Officials Met	Role
21 December, 2021	UNIDO	Mr. Irhad Puce (written inputs provided)	Quality Infrastructure and Smart Production Division, UNIDO
9 December, 2021	AfDB	Dr. Zerihun Alemu	Chief Country Economist, Kenya

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